Miniquen

11+10

OPTIMUM PROTECTION with minimum medication

MINIQUEN introduces a new generation of oral contraceptives. A regimen of 11 days estrogen followed by 10 days estrogen/progestin closely simulates the normal hormonal cycle. It provides optimum protection at the lowest oral contraceptive progestin dosage per cycle.

This near-normal hormonal pattern produces near-normal endometrial change[1,2]; no changes in vaginal mucosa or cervix have been reported[1,2]. It reduces many of the side effects usually associated with oral contraceptives[3].

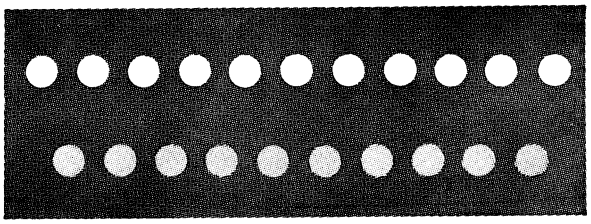
As well as providing optimum protection, MINIQUEN is economical.

Full prescribing information on request.

REFERENCES: 1. Miniquen Product Monograph, G.D. Searle & Co. of Canada Limited, 1969.

2. M.G. Tompkins, paper presented at Canadian Society for the Study of Fertility Meeting, July 12-16, 1968, Calgary & Banff, Alberta.

3. P.N. Shah, British Medical Journal II:1431, 1966.



AVAILABILITY: Miniquen dispenser of 21 tablets: 11 blue tablets each containing mestranol 0.1 mg. and 10 pink tablets, each containing mestranol 0.1 mg. and ethynodiol diacetate 0.5 mg.

G. D. Searle Company of Canada Limited
Bramalea, Ontario

SEARLE

CONTRAINDICATIONS: MINIQUEN should not be used in women with suspected or overt liver disease, dysfunction or jaundice.
MINIQUEN should not be given to the patient during lactation due to the possibility of the secretion of estrogen and progestin or their metabolites in the milk.
MINIQUEN should be withheld in the presence of pre-existing genital or breast carcinoma; from patients with a history of thrombophlebitis or thromboembolic disease; in the presence of undiagnosed vaginal bleeding, a history of cerebral vascular accident, or the presence of unexplained loss of vision, defects in the visual field, diplopia, proptosis, migraine or the presence of neuro-vascular lesions of the eye; from any patient experiencing a sudden onset of severe headache, blurred vision, migraine or any neuro-ophthalmic condition that had not previously occurred, or if retinal hemorrhage or papilledema occur.
In the presence of two consecutive missed menstrual periods pregnancy should be ruled out and if such should be the case, the drug discontinued.

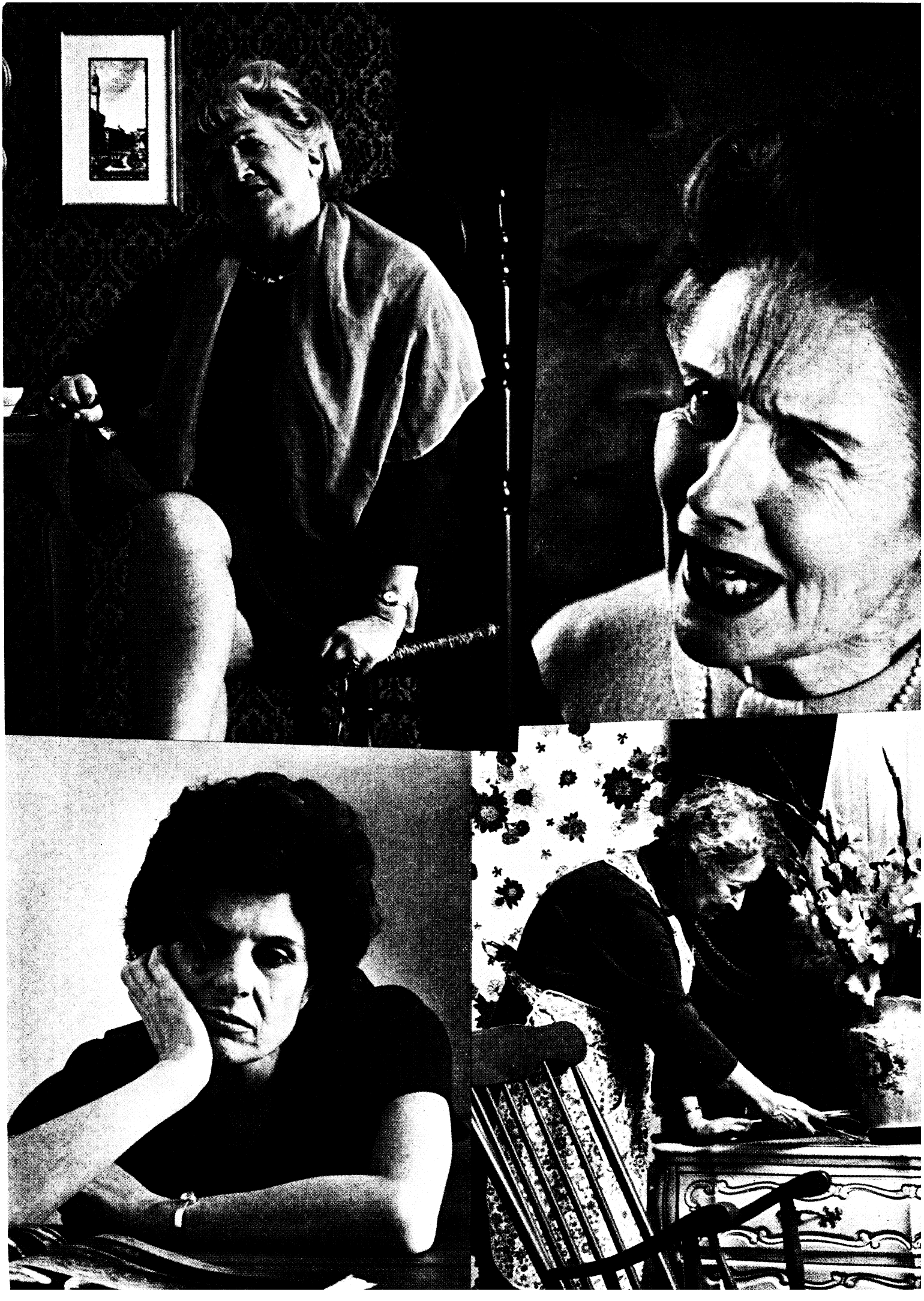
PRECAUTIONS: The possibility of non-functional causes should be considered in the presence of persistent breakthrough bleeding.
The use of MINIQUEN in patients with a history of psychic depression should be carefully followed and the drug discontinued if recurrence of this condition appears imminent.
The possible effect of estrogens on the metabolism of calcium and phosphorus should be borne in mind in patients with diseases affecting the metabolism of these substances.
The insulin requirement of the diabetic patient occasionally changes when she is taking estrogen. This should be considered when MINIQUEN is prescribed for these patients.
MINIQUEN should be used with caution in patients with cardiac or renal disease, hypertension, epilepsy or asthma.
The pretreatment physical examination should include special reference to breast and pelvic organs, as well as a Papanicolaou smear.
Endocrine and possibly liver function tests may be affected by treatment with MINIQUEN. Therefore, if such tests are abnormal in a patient taking MINIQUEN, it is recommended that they be repeated after the drug has been withdrawn for two months.
Under the influence of estrogen-progestogen preparations, pre-existing fibroids may increase in size.

DOSAGE AND ADMINISTRATION: Oral contraception with MINIQUEN should be started on the fifth day of the menstrual cycle (counting the first day of flow as Day One). Noting the starting day, one tablet of MINIQUEN is taken daily for three weeks. This is followed by one week without medication when withdrawal bleeding may be expected. When a course of 21 tablets is finished and medication has been stopped for seven days, the next course of 21 tablets should be started. Treatment is continued in this way, three weeks on tablets and one week off.

CANADIAN FAMILY PHYSICIAN
MÉDECIN DE FAMILLE CANADIEN

Cover design by Burnie Sidon.

CONTENTS/SOMMAIRE



These women may be estrogen deficient.

They needn't be.

Endogenous estrogen deficiency can be a fundamental cause of emotional and physical degeneration in the postmenopausal woman: menstrual irregularities, hot flushes, irritability, depression, nervousness, headaches, low back pain, osteoporosis, atherosclerosis, atrophic skin and muscle changes, senile vaginitis, pruritus and kraurosis vulvae.

But it doesn't have to happen. Many of these aging processes may be minimized or prevented. PREMARIN*—the natural and complete estrogenic complex—acts as a metabolic regulator and exerts a protective effect on many systems, organs and tissues of the female body.

Moreover, PREMARIN has the intrinsic ability to impart a sense of well-being—of vital importance in this period of psychologic adjustment and emotional imbalance.

"If we consider the number of aging changes that take place in the body after estrogen deficiency begins, it would seem logical to treat all women . . . estrogens are as essential to good health as a well balanced diet."–†

PREMARIN

The Original Conjugated Estrogenic Substances.

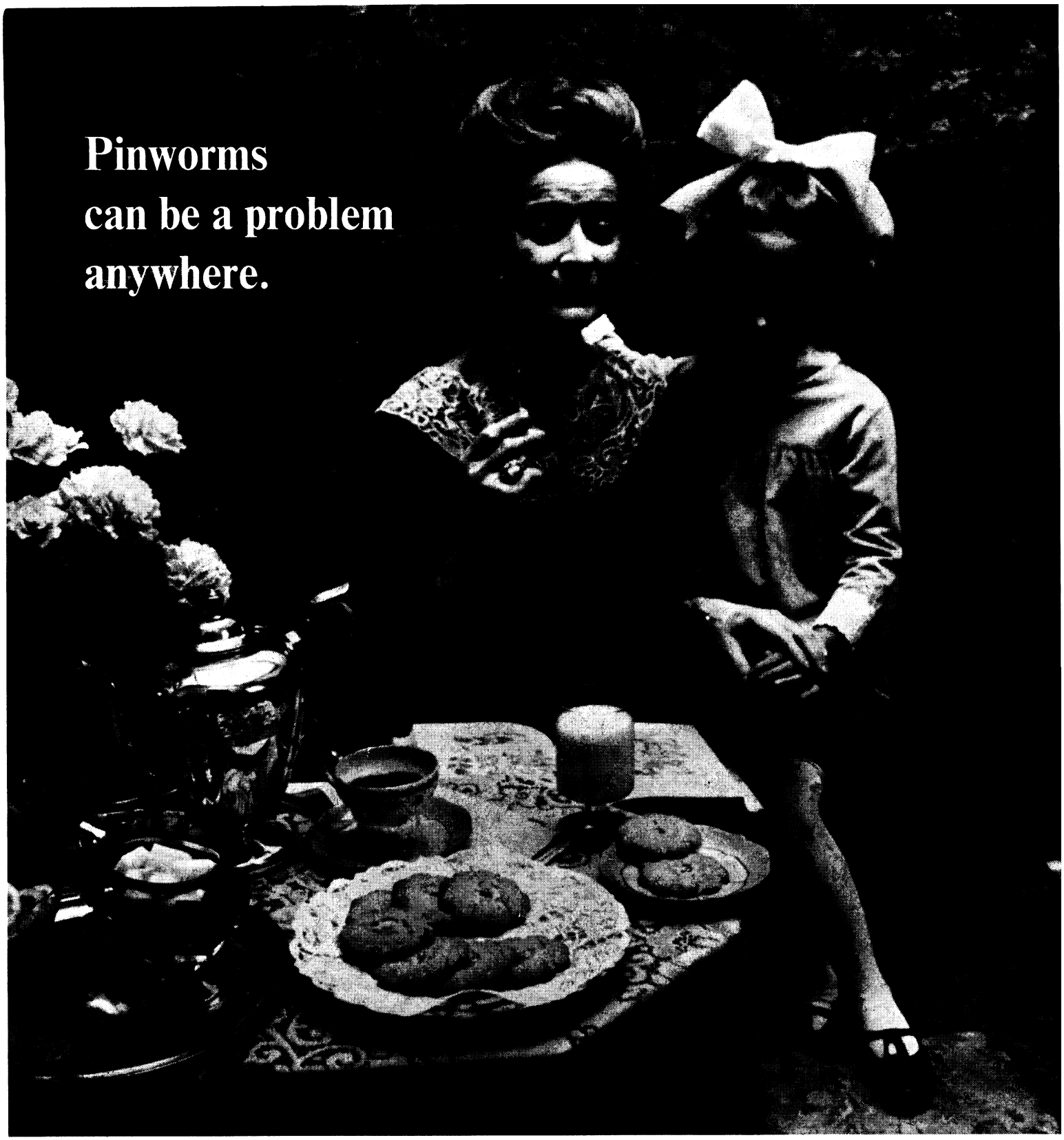
AYERST LABORATORIES
Division of Ayerst, McKenna & Harrison Ltd.
Montreal Canada
Pharmaceuticals through medical research

MEMBER
PMAC

†*References and complete prescribing information available on request.*

RECOMMENDED DOSAGE *Severe menopausal symptoms* — 1.25 mg daily. If a satisfactory response is not obtained after 3 or 4 days, dosage should be increased to 2.5 or 3.75 mg daily. *Mild or moderately severe menopausal symptoms* — 1.25 mg daily. In some patients 0.625 mg daily will suffice. *To facilitate cyclic therapy, PREMARIN Prem-Paks (1.25 mg or 0.625 mg) provide 4 x 21-day supplies of PREMARIN in circular turn-pack dispensers. Senile vaginitis, kraurosis vulvae, and pruritus vulvae* — 1.25 to 3.75 mg daily or more, depending upon the tissue response.
CAUTION: To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1-week rest period — withdrawal bleeding may occur during this 1-week rest period).
CONTRAINDICATIONS: Estrogens are generally contraindicated in patients with a known malignancy or with a strong family history of cancer.

*T.M. Reg'd



Pinworms may spread in any family, at any time. Usually a single dose of VANQUIN is effective for eradication of pinworms.

Therapy is well tolerated, economical, and convenient. VANQUIN Suspension or VANQUIN Tablets provide a convenient dosage form to administer to patients of virtually every age...from grandchild to grandmother.

Dosage: Children and adults, a single oral dose equivalent to 5 mg. per Kg. body weight. This is approximately equivalent to one 5-cc. teaspoonful of VANQUIN Suspension or one VANQUIN Tablet for each 22 pounds of body weight.

Precautions: Tablets should be swallowed whole to avoid staining teeth. Pyrvinium pamoate will stain most materials. Stools may be coloured red.

Side Effects: Infrequent nausea and vomiting and intestinal complaints have been reported.

How supplied: VANQUIN is available as a pleasant-tasting, strawberry-flavoured suspension in 1-oz. and 2-oz. bottles; and as sugar-coated tablets in packages of 12, and bottles of 25 and 100.

VANQUIN Suspension contains the pamoate equivalent of 10 mg. pyrvinium base per cc. Each VANQUIN Tablet contains the pamoate equivalent of 50 mg. pyrvinium base. Detailed prescribing information available on request.

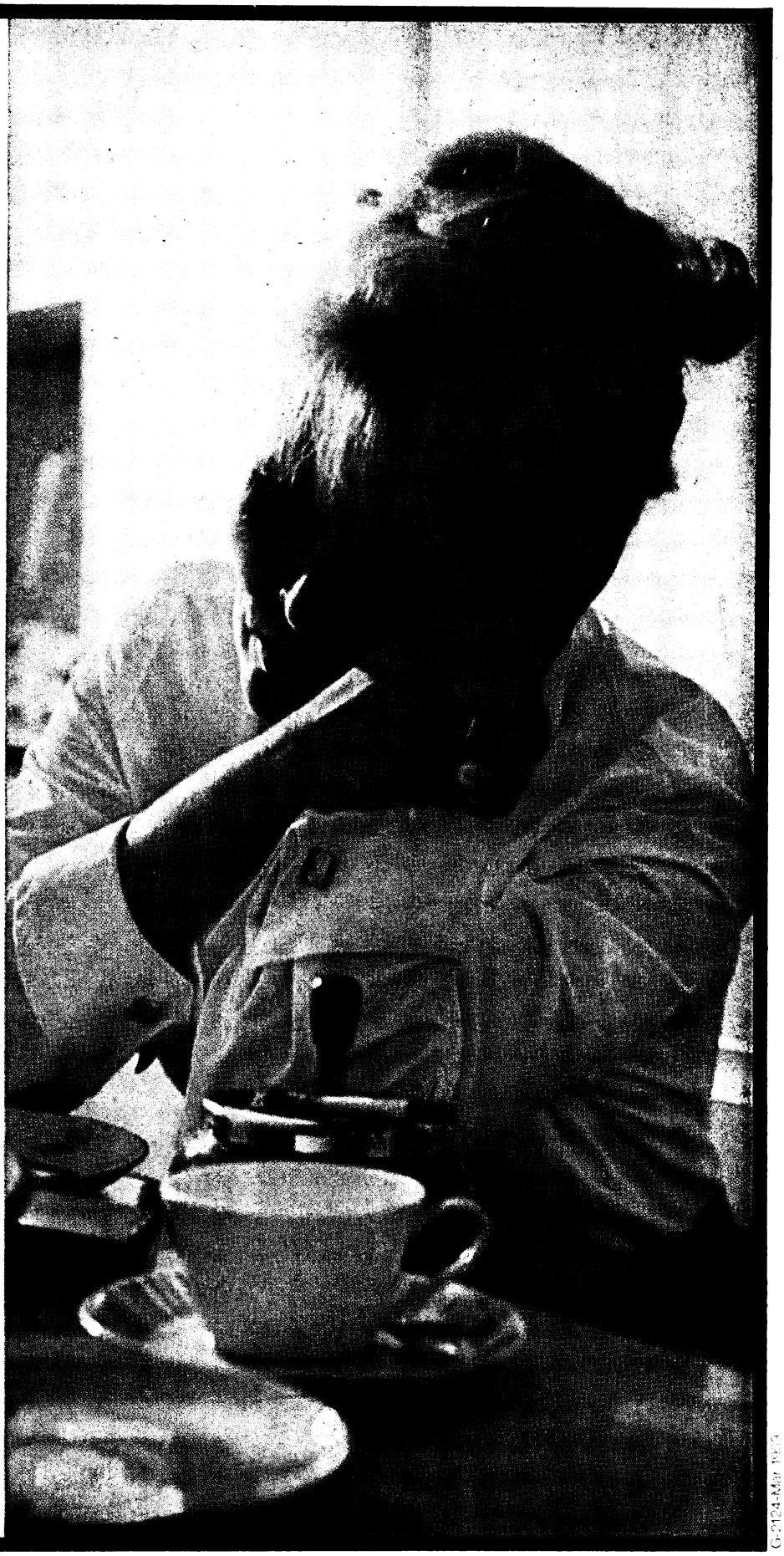
VANQUIN

(pyrvinium pamoate, P. D. & Co.)

PARKE-DAVIS

Parke, Davis & Company, Ltd., Montreal 379.

CP-749



Geigy Pharmaceuticals
Geigy (Canada) Limited
Montreal 308 P.Q.

G-2124-Mar 1974

Tofranil® 25mg Geigy

are some of your patients going to waist?

Preludin® Endurets®

phenmetrazine hydrochloride **prolonged-action tablets**

help your patients stay on their diet

Dosage
One 75 mg or 50 mg Endurets tablet a day taken on arising, or one 25 mg tablet two or three times a day before meals.

Side Effects
Occasionally dryness or unpleasant taste in the mouth. Overstimulation, insomnia and headache have been reported.

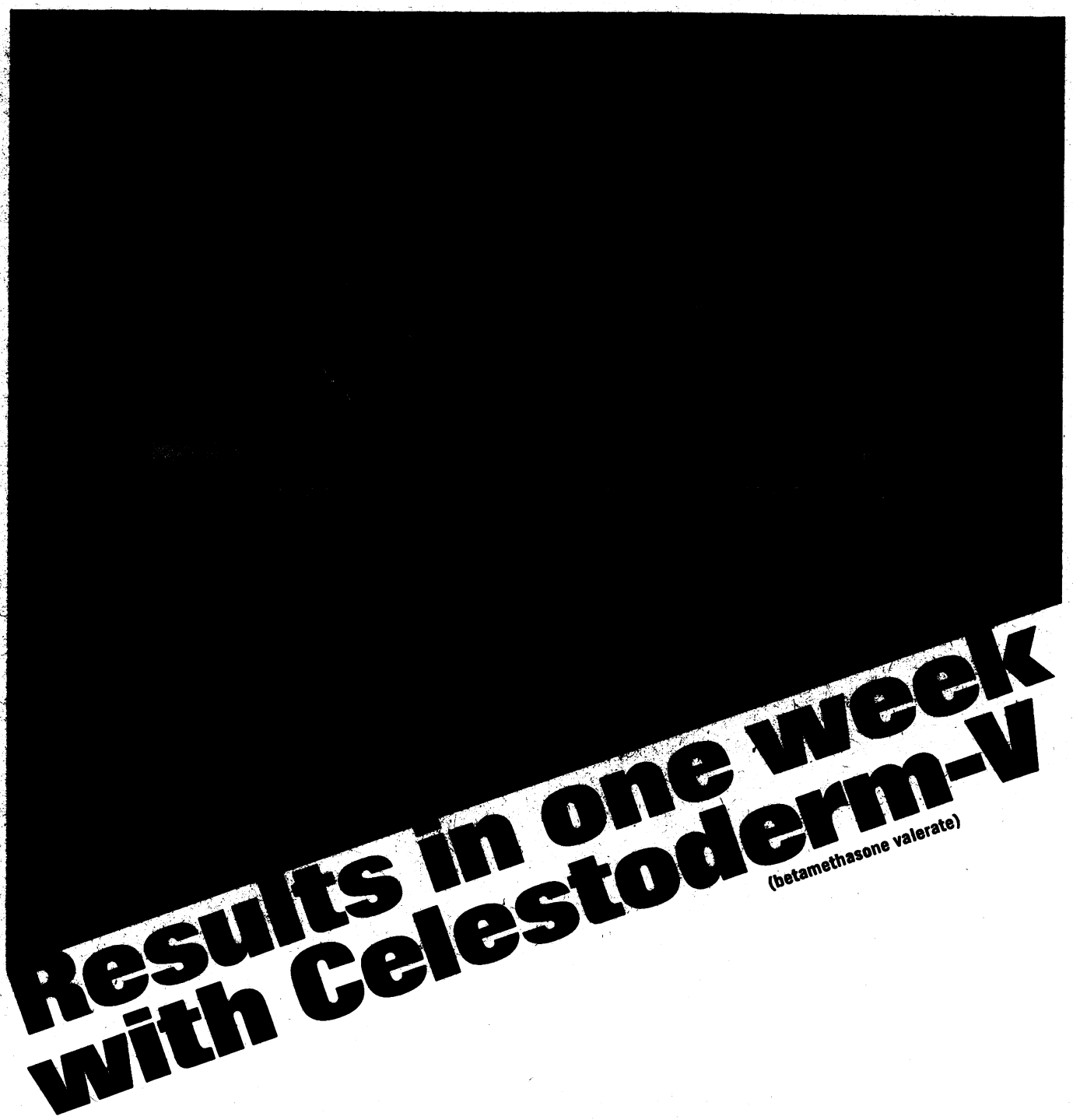
Precautions
Use with caution in moderate hypertension and cardiac decompensation. Cases involving abuse and dependence have been reported. Do not exceed recommended dosage.

Contraindications
Severe coronary artery disease, hyperthyroidism, severe hypertension, nervous instability and agitated prepsychotic states. Do not use concurrently with MAO inhibitors.

Full prescribing information is available on request.

Boehringer Ingelheim Products
Geigy (Canada) Limited
Montreal 308, P.Q.

B-5302R-Oct.1969



This infant was suffering from facial eczema. Scrubs, compresses, and hydrocortisone cream had failed to clear the dermatosis; lesions spread to neck, arms, legs and abdomen. Combined therapy with saline compresses and CELESTODERM-V q.i.d. was initiated. Three days later lesions were considerably resolved and in one week almost completely cleared.[1]

Another case added to the increasing evidence of CELESTODERM-V's rapid clinical response.[2,3]

Many cases have responded to *b.i.d. application* of CELESTODERM-V which adds a new measure of convenience. — One study based on 179 cases produced 94% excellent/good results.[4]

Celestoderm-V/2 (half strength — 0.05%) is among the CELESTODERM-V family from Schering that finds ever-increasing use. — It offers greater patient economy too.

References:

1. Case history and photographs courtesy of Peter Koblenzer, M.D., Philadelphia, Pennsylvania
2. Goldblum, R.: Pennsylvania Med. 69:50-52, 1966.
3. Luscombe, H. A.: Pennsylvania Med. 69: 48-49, 1966.
4. Derived from official case report studies, Clinical Research Department, Schering Corporation Limited.

Each gram of CELESTODERM-V Cream and Ointment contains 1 mg. (0.1%) betamethasone 17-valerate. Each gram of CELESTODERM-V Cream with Neomycin, and Ointment with Neomycin, contains 1 mg. (0.1%) betamethasone 17-valerate and 3.5 mg. (0.35%) Neomycin. Each gram of CELESTODERM-V/2 Cream and Ointment contains 0.5 mg. (0.05%) betamethasone 17-valerate.

Dosage and Administration: A small amount applied two or three times daily on the affected skin.

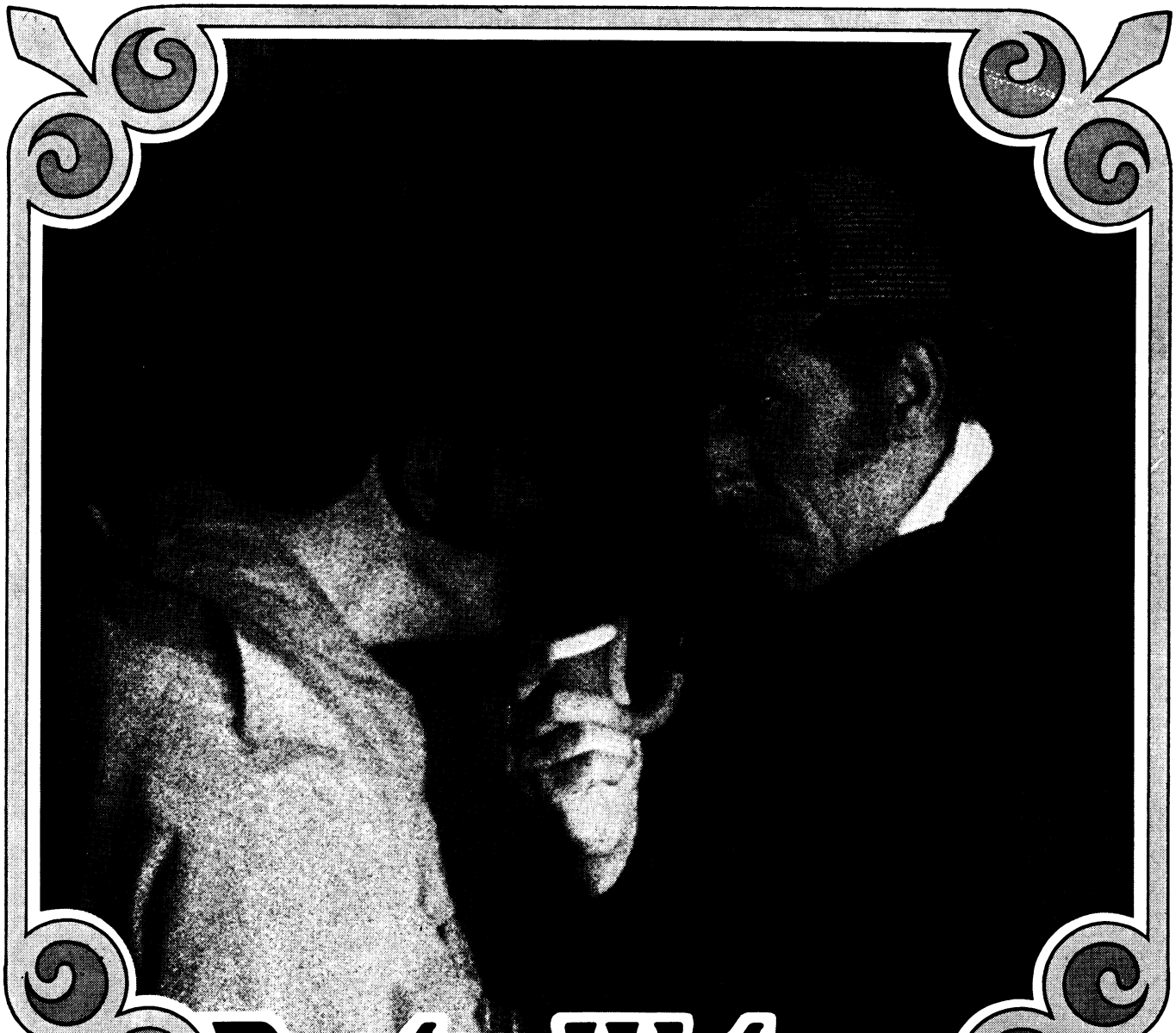
Precautions and Contraindications: CELESTODERM-V and CELESTODERM-V/2 preparations should not be used on patients with tuberculosis of the skin, chickenpox, herpes simplex, and vaccinia. Application in or near the eyes should be avoided.

Corticosteroids are known to be absorbed percutaneously and in patients under prolonged occlusive treatment the possibility of metabolic effects should be kept in mind.

Full information is available on request and is published in the Compendium of Pharmaceuticals and Specialties. Schering Corporation Limited, Pointe Claire 730, P.Q.

**Reg. T.M.*

A product of Schering



Doctor Watson exposes a double agent

Fog on the Embankment. Two figures emerge into silhouette against a haloed street lamp. The flare of a match reveals the profile of Sherlock Holmes. As he lights his calabash, his companion speaks:

"By Jove, Holmes, that amazing intuition of yours has proved right again. What we're looking for is a single entity. I thought we were dealing with several others—even twins. But now—I'd say we've uncovered a double agent."

"Tell me more, Watson, and be quick about it!"

(Watson withdraws a folded paper from inside his greatcoat, and reads aloud from it):

"The key to the whole cypher is SYNTHROID (sodium levothyroxine)"...

"Shhh! Watson, not so loud! You'll alert our quarry."

(Watson continues): "A single entity that serves two functions."

"A master stroke, Watson."

"Follow along, Holmes. In the neighborhood of 95% of the circulating thyroid hormone is levothyroxine—T_4 as you call it. T_4 is bound to thyroxine-binding proteins in the serum. It becomes available only gradually to tissue cells—as free thyroxine."

"Is that why there's such a smooth, predictable response, Watson?"

"Quite! With agent T_4, SYNTHROID, the chances of a precipitous rise in metabolic rate are lessened."

"But how does 'free' thyroxine fit into the picture?"

"Well, Holmes, you might call it the tissue thyroid hormone—because 'free' thyroxine (that is, thyroxine not bound to protein) is active at the tissue level. It is gradually released from thyroxine-binding proteins. Each daily dose of SYNTHROID is mostly bound to thyroid-binding proteins, and slowly released as 'free' thyroxine—the form in which it is metabolically active."

"Magnificent, Watson! So protein-bound thyroxine is the major form of circulating thyroid hormone, and it is released as 'free' thyroxine. And that's why SYNTHROID is able to simulate the normal process so artfully. Q.E.D."

"Not so fast, Holmes. SYNTHROID works for the *physician*, too. Because its dosage is more precisely controllable, and because response is so smooth and predictable, the *doctor* gets fewer phone calls in the wee hours from agitated patients. Both parties get more sleep!"

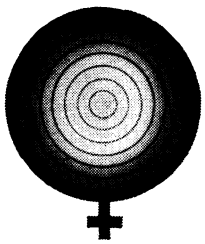
"Comforting, my dear doctor, to know that SYNTHROID, the 'single agent,' cleverly does the job of two."

Synthroid® (sodium levothyroxine)

In women of all ages...

Bacteria, monilia, trichomonads, alone or in combination respond to AVC.

vaginitis/cervicitis is frequently caused by a combination of organisms. Treatment for a specific pathogen may not be adequate.



Pr AVC a potent, broad spectrum antimicrobial agent for the treatment of vaginitis/cervicitis.

Pr AVC/Dienestrol a potent, broad spectrum antimicrobial agent with estrogenic activity for atrophic vaginitis complicated by infection.

CONTRAINDICATIONS:
For both products, known sensitivity to sulfonamides; for AVC/-Dienestrol, diagnosis or familial history of carcinoma of the breast or genital tract; palpable uterine fibromyoma; precarcinomatous lesions of the vagina or vulva; fibroadenoma of the breast; depressed liver function.

ADVERSE REACTIONS/PRECAUTIONS:
The usual precautions for topical and systemic sulfonamides should be observed because of the possibility of absorption. Burning, increased local discomfort, skin rash, urticaria or other manifestations of sulfonamide toxicity or sensitivity are reasons to discontinue treatment. The use of AVC/Dienestrol does not preclude the necessity for careful diagnostic measures to eliminate the possibility of neoplasia of the vulva or vagina. Manifestations of excessive estrogenic stimulation through dienestrol absorption may occur. These include uterine bleeding, breast tenderness, exacerbation of menstrual irregularity and provocation of serious bleeding in women sterilized because of endometriosis. Endometrial withdrawal bleeding may occur if use is suddenly discontinued.

DOSAGE:
One applicatorful or one suppository intravaginally once or twice daily. Improvement will often be apparent within a few days, but treatment should be continued until pathogens have been eliminated or a clinical cure has been achieved.

PACKAGE INFORMATION:
AVC and AVC/Dienestrol Cream: Tubes of 4 ounces with applicator.
AVC and AVC/Dienestrol Suppositories: Boxes of 12 suppositories with applicator.
Registered Trademark: AVC
Product Information Issued June 1968

AVC Cream (aminacrine hydrochloride 0.2%, sulfanilamide 15.0%, allantoin 2.0%.)
Suppositories (aminacrine hydrochloride 0.014 Gm., sulfanilamide 1.05 Gm., allantoin 0.14 Gm.)

AVC/Dienestrol Cream (dienestrol .01%, sulfanilamide 15.0%, aminacrine hydrochloride 0.2%, allantoin 2.0%.)
Suppositories (dienestrol 0.70 mg., sulfanilamide 1.05 Gm., aminacrine hydrochloride 0.014 Gm., allantoin 0.14 Gm.)

Merrell The Wm. S. Merrell Company, Division of Richardson-Merrell (Canada) Ltd., Weston, Ontario.

for potent steroid therapy that lasts, prescribe

FULL STRENGTH Medrol Topical

in 25 Gm. and 45 Gm. tubes

- strength enough for a rapid response
- ointment enough for uninterrupted therapy

in acute inflammatory skin conditions

Medrol Topical 25 Gm.* $2.03

25 Gm. of *full-strength* steroid at the price of comparable topical steroids in 15 Gm. tubes – 10 Gm. more to assure adequate therapy.

ideal for maintenance therapy

Medrol Topical 45 Gm.* $2.65

Economical 45 Gm. tube of *full-strength* steroid at the price of most ¼ or ½ strength steroids in maintenance-size tubes.

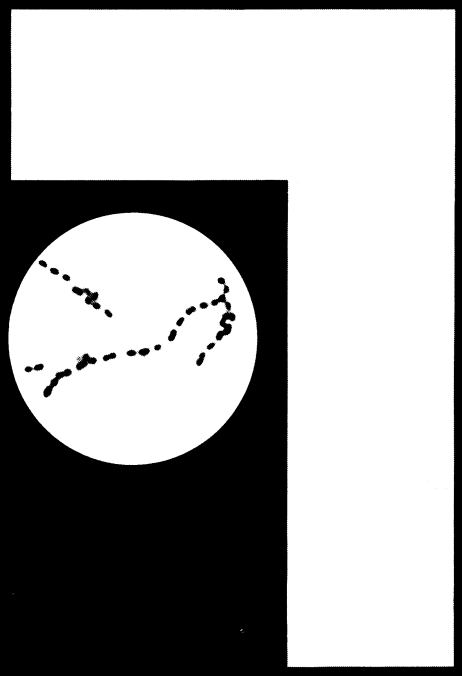
*Plus Pharmacist's Professional Fee. Prices quoted are published prices as of February 1970.

Administration: Apply initially one to three times daily. Once control is achieved the frequency of application should be reduced to the minimum necessary to avoid relapse.

Cautions: Should not be used in the presence of cutaneous infections due to organisms for which specific therapy is not available. Detailed information is available on request.

Supplied: *Full strength* Medrol Topical in 7.5 Gm., 25 Gm., and 45 Gm. tubes containing 0.25% methylprednisolone in Veriderm skin lipid base. Also available with neomycin as Neo-Medrol Topical in the same sizes and at the same prices.

Upjohn THE UPJOHN COMPANY OF CANADA / DON MILLS, ONTARIO



in upper respiratory infections

Lincocin

stops the stealthy strep.

The group A streptococcus is increasingly recognized to possess the insidious ability to persist in spite of apparently adequate penicillin therapy, such persistence appearing in the form of recurrent infections and asymptomatic streptococcal carriers. Effective therapy must then be judged not only on the disappearance of symptoms, but also on complete eradication of streptococcus. In this respect Lincocin is as effective as penicillin in producing clinical recovery, and as the data below shows, possesses a decisive lead over penicillin in eradicating the streptococcal organism.

a compilation of results of follow-up period of 30-40 days after beginning therapy[1-2] with:	**Penicillin in 369 patients**	**Lincocin in 358 patients**
	8.9% recurrent infections	6.7% recurrent infections
	8.1% streptococcal carriers	2.2% streptococcal carriers
	83.0% total recovery	91.1% total recovery

1. Randolph, M. F., and DeHaan, R. M.: A Comparison of Lincomycin and Penicillin in the Treatment of Group A Streptococcal Infections: Speculation on the "L" Form as a Mechanism of Recurrence. Delaware Med. J., *41*:51-62 (Feb.) 1969.
2. Breese, B. B., et al.: Beta-Hemolytic Streptococcal Illness. Amer. J. Dis. Children, *112*:21-27 (July) 1966.

Indications: Infections caused by Gram-positive organisms which are susceptible to the action of Lincocin, particularly staphylococci (including penicillinase-producing staphylococci), streptococci and pneumococci. Not active against Streptococcus fæcalis, yeasts, or Gram-negative organisms including N. gonorrhœa and H. influenzae.

DOSAGE AND ADMINISTRATION:

Adults

Oral* – 1 capsule (500 mg.) 3 or 4 times daily
Intramuscular – 600 mg. (2 cc.) every 12-24 hours
Intravenous – 600 mg. (2 cc.) every 8-12 hours administered as infusion

depending on the severity of the condition, these doses may be increased

Children (over 1 month of age): The dose of Lincocin Syrup* should be calculated to yield at least 15 mg. per pound of body weight per day. Dosage may be increased in severe infections.

*For optimal absorption, administer alone or with nothing but water no later than one-half hour before meals or no earlier than two hours after meals.

Cautions: Generally well tolerated. With oral administration gastrointestinal side effects have been encountered such as loose stools or diarrhœa, nausea, vomiting and abdominal cramps. Other minor side effects have been observed infrequently. Side effects such as neutropenia and/or leukopenia and hypersensitivity reactions have been observed on rare occasions.

Pending further clinical experience, Lincocin is not recommended in the newborn, in the prophylaxis of a recurrence of rheumatic fever, and in patients with pre-existing kidney, liver, endocrine or metabolic diseases. Although there is no evidence of ill effects in either the mother or fœtus, as with all new drugs Lincocin should be used with customary caution in pregnant women. Detailed information is available on request.

available as:

Lincocin Capsules: Each capsule contains lincomycin hydrochloride monohydrate equivalent to 500 mg. lincomycin base, in bottles of 12 and 100.

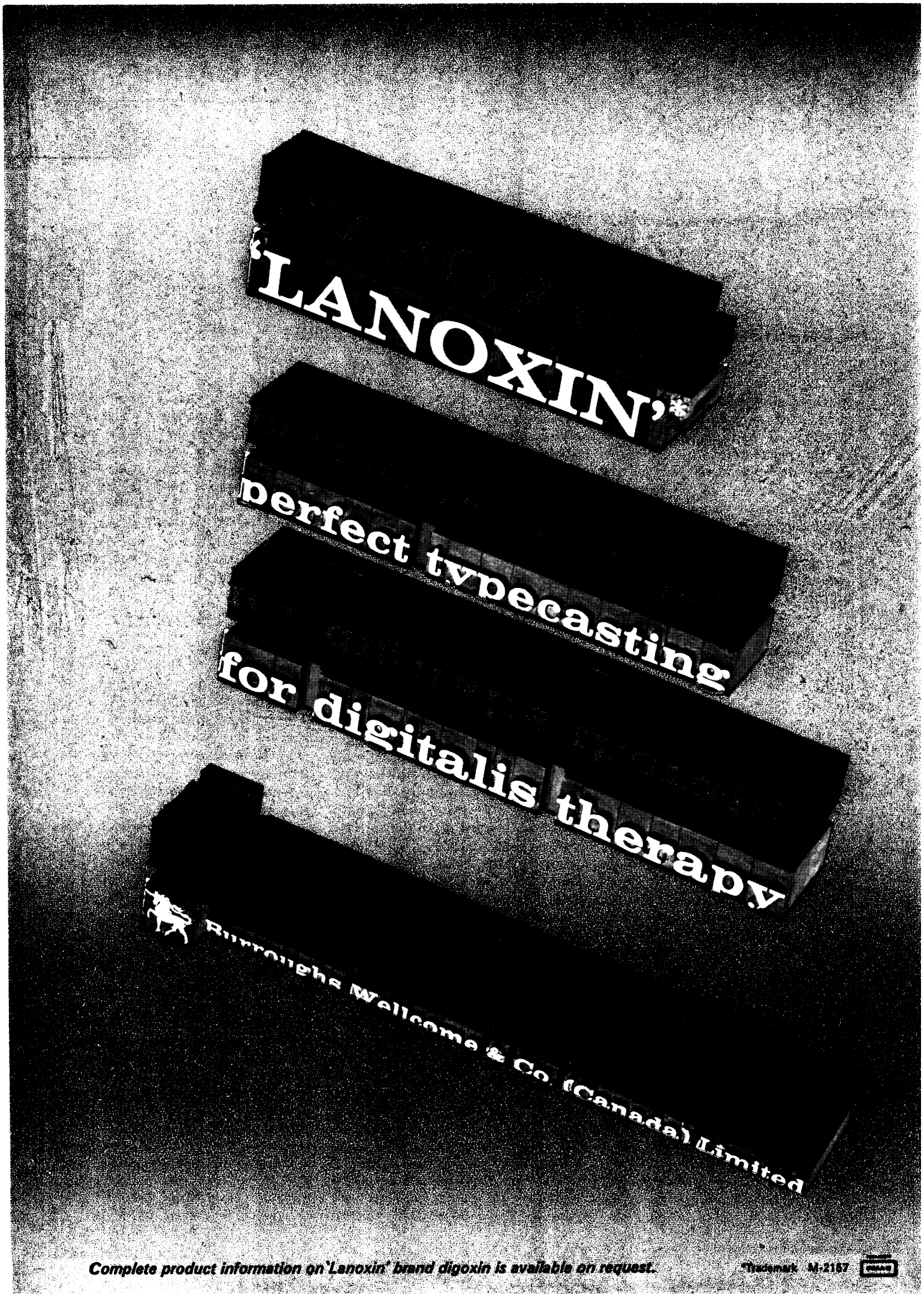
Lincocin Sterile Solution: Each cc. contains lincomycin hydrochloride equivalent to 300 mg. lincomycin base, in 2 cc. and 10 cc. vials.

Lincocin Syrup: Each 5 cc. (teaspoonful) contains the equivalent of 250 mg. lincomycin base (from lincomycin hydrochloride monohydrate). Bottles of 30 cc. (with calibrated dropper), 60 cc. and 16 oz.

PMAC

THE UPJOHN COMPANY OF CANADA
DON MILLS, ONTARIO

Upjohn



Complete product information on 'Lanoxin' brand digoxin is available on request.

*Trademark M-2157

one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen.

Hold everything. She's pregnant.

announcing

Twentisec™

Pregnancy Screening Test
the first rapid-screening pregnancy test based on a color urine reaction (rather than agglutination)

Early pregnancy may be unknown to the patient; undetected by the physician. Since pregnancy is a time for caution in drug therapy and, often, a guide to drug regimen, the use of a rapid, reliable, economical screening procedure for *all* female patients of childbearing age is clearly in the best interest of physician and patient alike.

Now, the TWENTISEC Pregnancy Screening Test makes this procedure a practical reality for *routine* office use.

Quick: A yes-or-no answer in 20 seconds; *6 times faster* than any test available.

Reliable: Up to 95% accuracy in non-pregnant patients and up to 90% accuracy in pregnant patients, demonstrated in clinical tests.[1,2] High specificity reduces false positives to a minimum.

Easy to read:... because a color change is simpler to interpret than agglutination on a slide.

Economical: Approximately *one-third the cost* of any other test available.

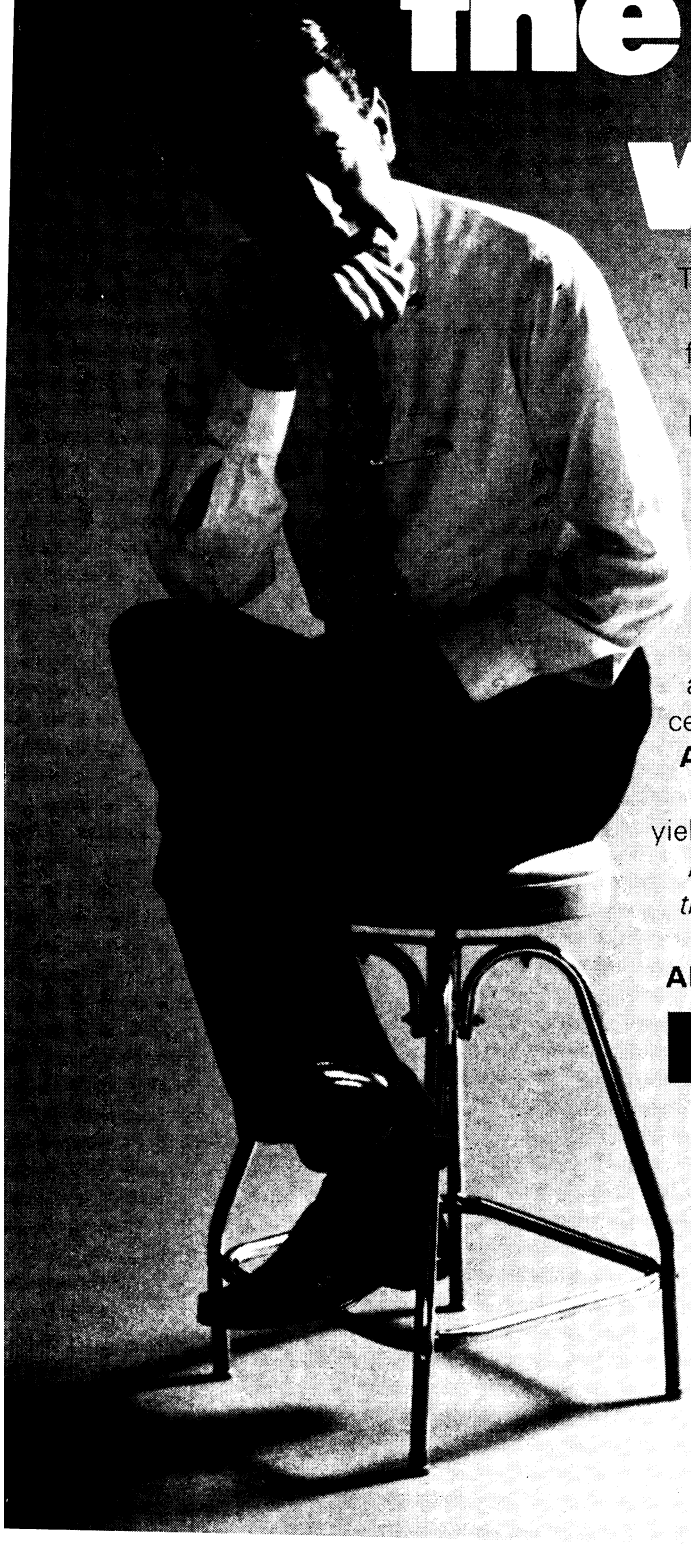
No special training or equipment: Self-contained kit; requires no centrifuging or incubation. The procedure is easily learned by your aide.

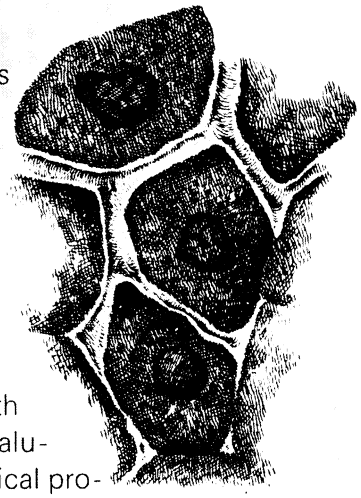
Seeing is believing... Order TWENTISEC Pregnancy Test kit from your surgical supply dealer now. Each kit contains material for 20 tests.

JULIUS SCHMID OF CANADA, LTD.
32 Bermondsey Road
Toronto 374, Canada

1. Roland, M.: A Rapid Screening Test for Pregnancy. Ob/Gyn Dig., *12*:28-32, Jan. 1970. 2. Saxe, I.: Assistant Clinical Professor, New York Medical College. Personal Communication.

How well do you know the patient with [illegible]





Traditionally, the physician obtains information about health status from symptoms described by the patient, the case history, laboratory test results and findings observed during the physical examination.

Even today, urinalysis is the laboratory procedure used most widely to help assess health status. Urinalysis can provide valuable information about physiological processes at the cellular level, to support your clinical decisions.

A new, comprehensive urinalysis information system.

Broader in scope than any other reagent strip, BILI-LABSTIX yields significant information about *urinary tract and kidney status, carbohydrate metabolism, liver and biliary tract status.* BILI-LABSTIX provides qualitative measures for: urine pH, protein, glucose, ketones, bilirubin, and blood.

All in just 30 seconds, while the patient is in the office.

Bili-Labstix™ Reagent Strips

Ames Company
Division Miles Laboratories, Ltd.
Rexdale, Ontario

CA-18270

Whenever you see Mr. Thatcher, he's playing solitaire. He prefers bridge.

Mr. Thatcher is a good man. And a cheerful one. But people shy away from him.

He has paralysis agitans. Not very pleasant to be around.

There's no drug to cure his disease, but there is something that can control the symptoms, and make life a little less shaky. ARTANE Trihexyphenidyl HCl.

It would be nice to see Mr. Thatcher enjoying a foursome again.

ARTANE—Fundamental in the total management of Parkinson's disease.

Dosage: Parkinsonism—1 mg. first day increasing the dose by 2 mg. increments at intervals of 3 to 5 days, until a total of 6 to 10 mg. is given daily. Drug-induced Parkinsonism—Daily dosage ranges from 5 to 15 mg., although some patients have been controlled on 1 mg. daily.
Availability: Tablets 2 mg. and 5 mg., scored, white. Sustained release Sequels® 5 mg., blue. Elixir 2 mg./5 cc., lime flavoured. For additional information pertaining to Side Effects, Dosage and Administration, see Vademecum International, Compendium of Pharmaceuticals and Specialties or write for Official Brochure.

Artane®

Trihexyphenidyl HCl Lederle

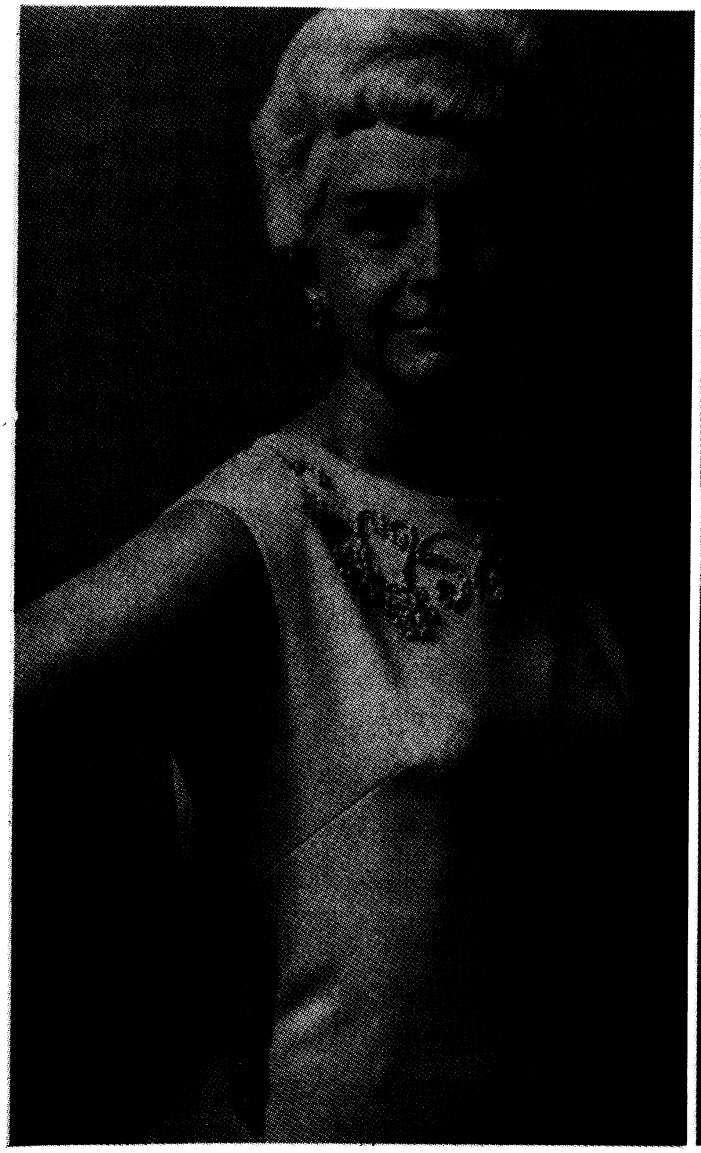
MEMBER PMAC

®Registered Trademark

Lederle

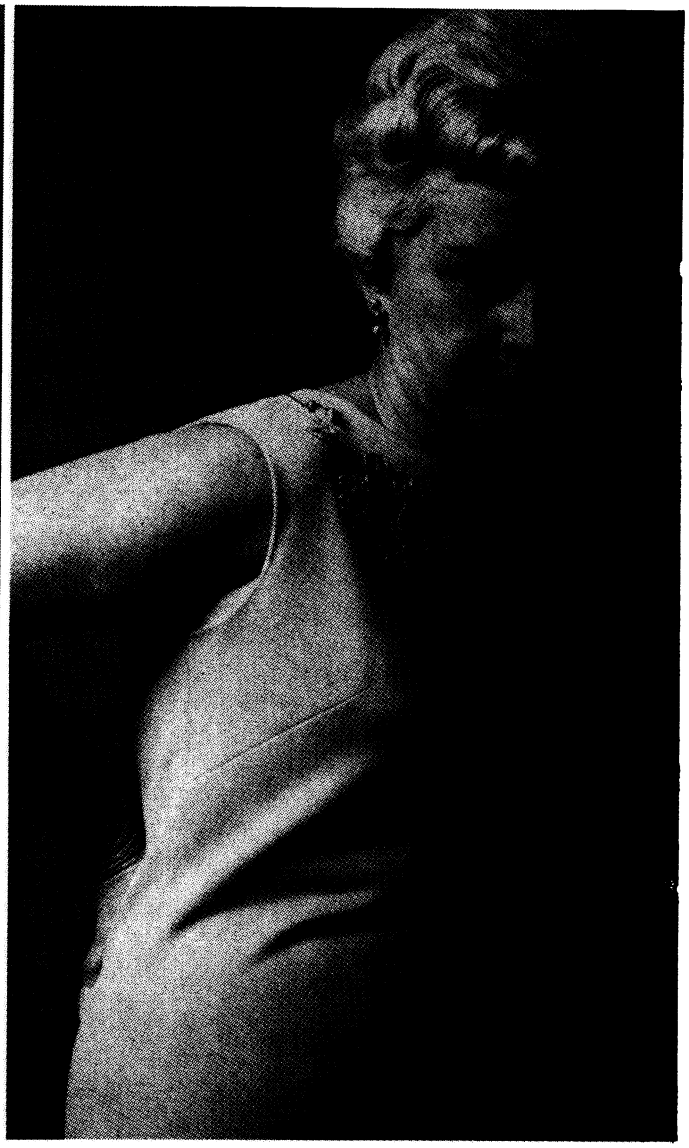
CYANAMID OF CANADA LIMITED
Montreal

Problem 1



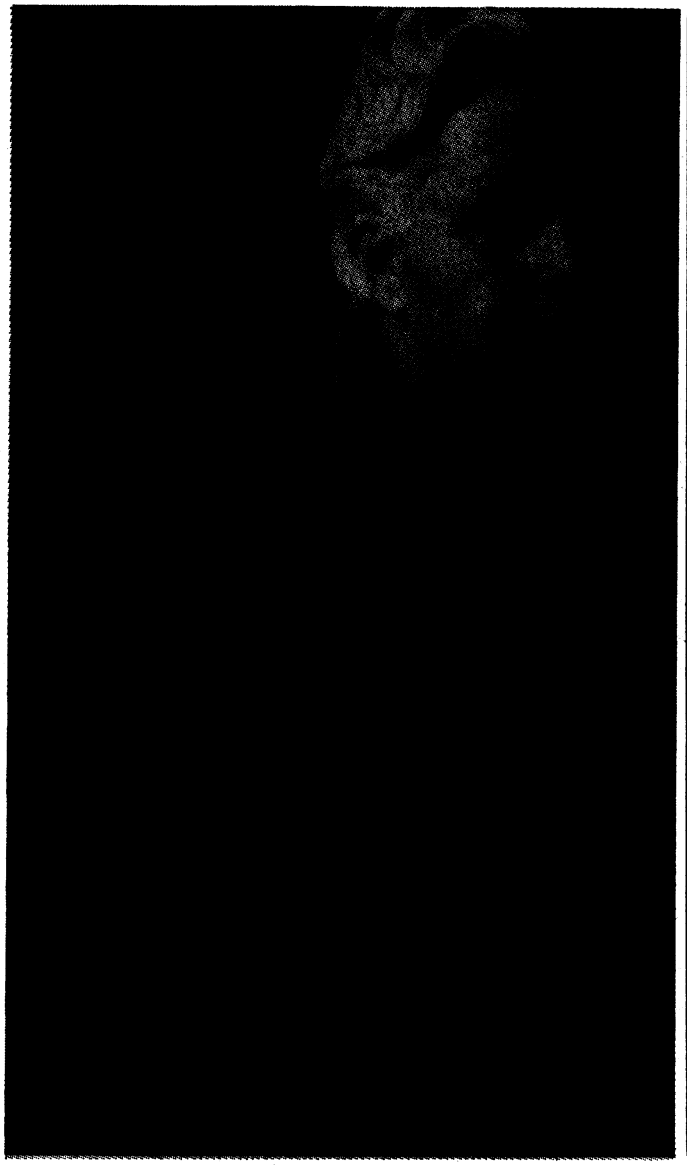
She is just over the menopause
and now
LOW BACK PAIN
(of undetermined origin) could be the sign of new troubles ahead.

Problem 2



Low back pain could be the beginning of
OSTEOPOROSIS
At 50?
Yes, because "adults appear to begin losing calcium about 40."[1]

Problem 3

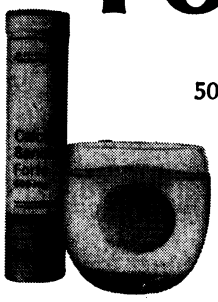


15 years later
FRACTURES

Majority of osteoporotic patients exhibit a negative calcium balance.[2,3,4,5,] In the United States alone, it is estimated that 3 to 4 million women sustain hip and spine fractures resulting from OSTEOPOROSIS.[6]

The Answer

Calcium-Sandoz® Forte



500 mg EFFERVESCENT TABLETS

A tablet in a glass of water provides calcium which is:

- **fully ionized**
- **phosphorus free**
- **pleasant tasting**
- **highly concentrated**
- **quickly absorbed**

WHAT CAN CALCIUM-SANDOZ FORTE DO FOR YOUR PATIENTS?

RELIEVES low back pain (of undetermined origin)

HELPS check the progress of osteoporosis, thus preventing fractures.

RESTORES a positive calcium balance and adds to bone density.

DOSAGE

To relieve back pain and to prevent osteoporosis: One Calcium-Sandoz Forte 500 mg. effervescent tablet (in a glass of water) daily.

Treatment of osteoporosis: Four Calcium-Sandoz Forte 500 mg. effervescent tablets daily or two tablets daily and a high calcium diet. After a few months, the dosage may be reduced by one half but the high calcium diet must be maintained.

SANDOZ
DORVAL, QUÉBEC

GP Shortage: College Featured

In a feature article on the shortage of doctors in rural Ontario, the *Toronto Daily Star* recently described College efforts to attract more medical students into family practice and into rural areas.

Two members of the College, Ontario Chapter president, Dr. Jim Leeson, and Dr. Ralph Wylie were interviewed by the Star during their task force report on the shortage of GPs. Dr. Leeson was pictured examining a child during a home visit and alighting from the plane which he flies to reach patients in remote parts of the Bruce Peninsula. Dr. Leeson stressed the challenge of rural practice: "You have to give them more than medicine—make them feel important." Dr. Wylie deplored the fact that only 25 percent of Canada's family doctors are members of the College: "It should be higher. All members must take 100 hours of courses over two years. You don't if you're not a member. Most of these fellows feel they can go on year after year doing a good job. You can't. You have to take courses."

The article lists the 44 areas in Ontario which are critically short of family doctors. Dr. William Copeman of the Ontario Department of Health outlined the disadvantages of being the only doctor in a community: "Sometimes when you're free to take your wife to a party, you're so tired that you fall asleep, or you're called away." However, says Dr. Copeman, the advantages are many: "You become totally involved in the lives of the people in the community. You are needed and respected. You and your family can enjoy a desirable style of life which is not possible in the city."

The article quotes patients living in communities where there are no doctors, and describes efforts by the Ontario Government to provide financial incentives for doctors to set up practice in rural areas. It also describes recent advances in medical education and methods of re-education which will allow doctors to take courses and receive information on new advances without having to leave their practices.

Halifax—Scene of Annual Assembly

July 1970

THE 1970 ANNUAL SCIENTIFIC ASSEMBLY of the College of Family Physicians of Canada will take place in the beautiful city of Halifax—Nova Scotia's capital. Halifax, for many years the principal holiday town in Canada, will provide a relaxing background for the Assembly and can offer something of interest to all its visitors.

Besides the ever-popular attractions of sun, sea and golden beaches, Halifax has much to offer the visitor interested in Canada's history.

Present-day Halifax also has much to offer, with its wonderful seafood restaurants and modern shopping centres. There is much in the way of entertainment, from the six movie theatres to Canada's only professional repertory company at the Neptune Theatre. There is harness racing at Sackville Downs. There's much to be seen in the City's museums, especially the Maritime Museum on the waterfront, where you will find the facts of Nova Scotia's special history of seafaring recorded.

Fishing and sailing are, of course, the favorite sports of visitors to Halifax, and equipment for both can be hired very reasonably. Many visitors hire yachts to explore the beautiful coastline around Halifax, visiting the old fishing villages which still retain an air of tranquility even though they are within easy distance of the bustling capital. In some of these villages, Gaelic is still a traditional language, reflecting the ancestry that still inspires Highland Festivals, in full traditional dress, every summer.

Halifax is easily reached by air or overland from almost any point in Canada, and there is excellent accommodation to be had in the city. Any information can be quickly obtained from the Halifax Visitors and Convention Bureau, Halifax, Nova Scotia.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herapy is
ndicated
ORBENIN*
STANDS
OUT
Dependable and uniform oral
bsorption resistant against
astric acidity.
Effective against most com-
nonly encountered pneumo-
occi, beta-hemolytic strep-
ococci, and staphylococci.
Effective against *all* staph
nfections (penicillin G-*resis-*
ant as well as sensitive).

ORBENIN* STANDS OUT

for these additional reasons:

Bactericidal—not bacteriostatic.

One of the most economical medium-spectrum antibiotics.

Practical for hospital as well as office use.

Recommended for mixed gram-positive infections before organisms are identified.

Effective blood levels – within 30-60 minutes.

No dose-related toxicities—doses may be safely increased if required.

ORBENIN (cloxacillin) PRESCRIBING INFORMATION

INDICATIONS: Most commonly encountered gram-positive infections, including mixed gram-positive infections and those of unknown cause; beta-hemolytic streptococcal and pneumococcal infections.

All staphylococcal infections (sensitive and resistant).

In severe staphylococcal infections, (septicemia, osteomyelitis, endorcarditis, pneumonia, and staphylococcal infections complicating diabetes melitus) or when staphylococcal infections are suspected and treatment is required before confirmation of sensitivity tests, therapy should begin with ORBENIN Injectable. ORBENIN Oral may be administered at the same time or following the acute phase.

CONTRAINDICATIONS: Allergy to penicillin.

PRECAUTIONS: The drug should not be administered until inquiry has been made to ensure that the patient has had no previous allergic reactions to penicillin. There are no effective and safe skin tests which will predetermine the likelihood of an anaphylactic reaction occurring with the subsequent administration of penicillin. As with any antibiotic, prolonged use and treatment with high doses may result in overgrowth of nonsusceptible organisms, including fungi.

Penicillin G does not normally cross the blood brain barrier to any extent except when the meninges are inflamed, or are made abnormally permeable as during cardiopulmonary bypass procedures (by yet unknown factors). In these cases and in patients with impaired renal function, or in elderly patients, if massive doses of penicillin G are administered, the drug may reach levels in the cerebrospinal fluid of approximately 12 u/ml or over which may induce myoclonia, convulsive seizures, and depressed consciousness. Unless therapy is stopped or the dosage reduced, this syndrome may progress to coma and death. Accordingly, if massive doses are used (greater than 20 million units parenterally daily) renal function must be carefully monitored.

ADVERSE REACTIONS: As with penicillin G, the following reactions may occur occasionally: skin rashes, nausea, loose stools, moniliasis, eosinophilia, angioneurotic edema, and, rarely, anaphylactoid reactions.

ORAL DOSAGE: Adults: Mild to moderate infections: 250-500 mg q.6.h.

Preferably taken one hour before meals. Maintain therapy for a minimum of 5 days. Dosage may be doubled for severe infections.

Children: Up to 5 kg (11 lb) body weight:
250 mg/day.†
Over 5 kg (11 lb) up to approximately 40 kg (85 lb) body weight:
50 mg/kg/day.†

†The total daily dosage must be divided into four doses, one given every six hours.

INJECTABLE DOSAGE: See Package Insert.

AVAILABILITY: ORBENIN Capsules (black/orange dry powder capsules) 250 mg and 500 mg. ORBENIN Liquid 125 mg cloxacillin per teaspoonful (5 ml) when reconstituted. ORBENIN Injectable 250 mg, 500 mg, and 2000 mg cloxacillin per vial. Further information and references are available on request.

*T. M. Reg'd.

AYERST LABORATORIES
Division of Ayerst, McKenna & Harrison Limited
Montreal, Canada
Made in Canada by arrangement with
Beecham Research Laboratories

MEMBER PMAC

cottage hospital with X-ray equipment, ready access to pathological laboratories and the help of ancillary staff. Such an environment provides adequate scope for a well-trained doctor to undertake about 50 percent of the hospital needs of the community he or she serves, and with specialist support this can be increased to over 60 percent. The Porritt Report on hospitals has suggested that cottage hospitals are non-viable institutions and I believe that it is unfortunate that successive Ministers of Health have accepted this opinion. The Porritt report was prepared largely by medical men who were associated with large hospitals and this greatly influenced their judgment. Further, in some cottage hospitals, the beds were not utilized to good advantage. Perhaps the better trained family doctors of the future will show the enterprise required for such hospitals to play an important part in the hospitalization needs of the community in which they are situated and thus convince the administrators and politicians, both lay and medical, of the need for their retention.

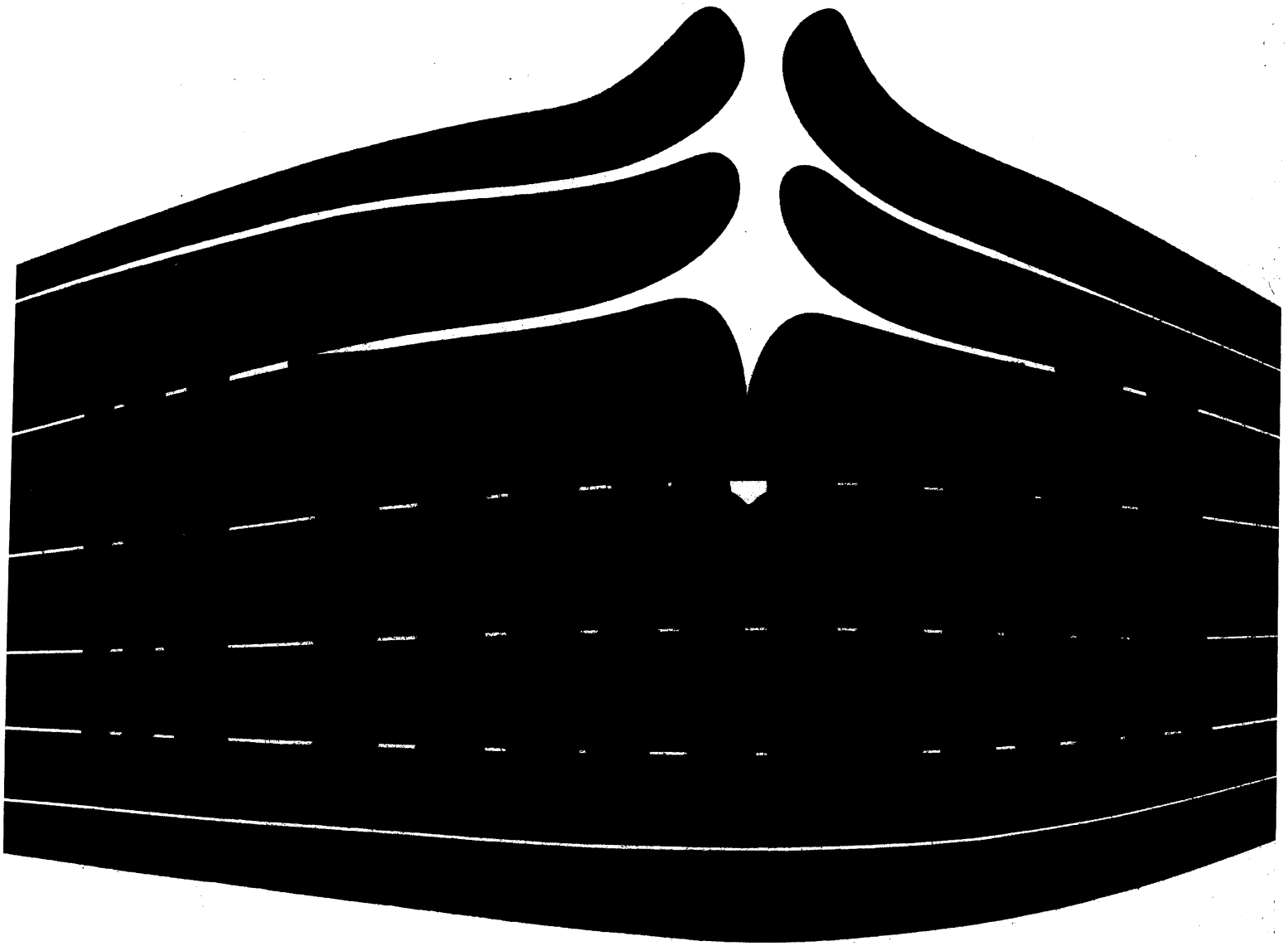
The apparent decay of general practice after 1948 was deeply resented by many. Fortunately, a few like Dr. John Hunt and Dr. Fraser Rose took up arms and formed what was then called the College of General Practice. The initial response to their appeal was satisfactory but not overwhelming. They did succeed, however, in collecting an enthusiastic band of followers and, throughout the whole country, faculties of the College were formed. There is no doubt that the College of General Practice has played a very important part in creating a reorientation of thought concerning family practice. It was a well-deserved honor when the Queen granted the College a Royal Charter.

The fight for recognition that general practice must remain an integral part of the profession has been won but the method and what is required for the complete re-establishment of family practice is still to be decided. It is the sincere hope of all who have made this branch of medicine their special concern that the recent Todd Report on the future education of the doctor will be fully implemented. This report suggests that the basic postgraduate hospital training of all medical graduates will be three years and, for those who select general practice as a career, this will be followed by two years of attachment to family doctors. This extensive training will require much financial re-adjustment of the junior hospital grades and will necessitate the provision of married quarters in all hospitals. It could also involve a re-adjustment of the present concept of hospital organization. The end result so far as general practice is concerned is that the new entrants will be very much better trained than many of us in the past and they ought to be able to play a more important part in the scientific progress of medicine.

Responsible Medical Work

These well-trained and not so very young men must be provided with the facilities to undertake responsible medical work otherwise their extensive training would be a colossal waste of time and money. Further, if their demands are not met the present emigration from Britain is but a minuscule of what will happen in the future. The Porritt Report suggests an increase in the number of part-time appointments in hospitals; but these have already proved unsatisfactory and it is highly improbable that the number of posts that could be created would be sufficient to satisfy the needs of this new band of recruits to general practice. This is the problem that will need to be solved in the very near future.

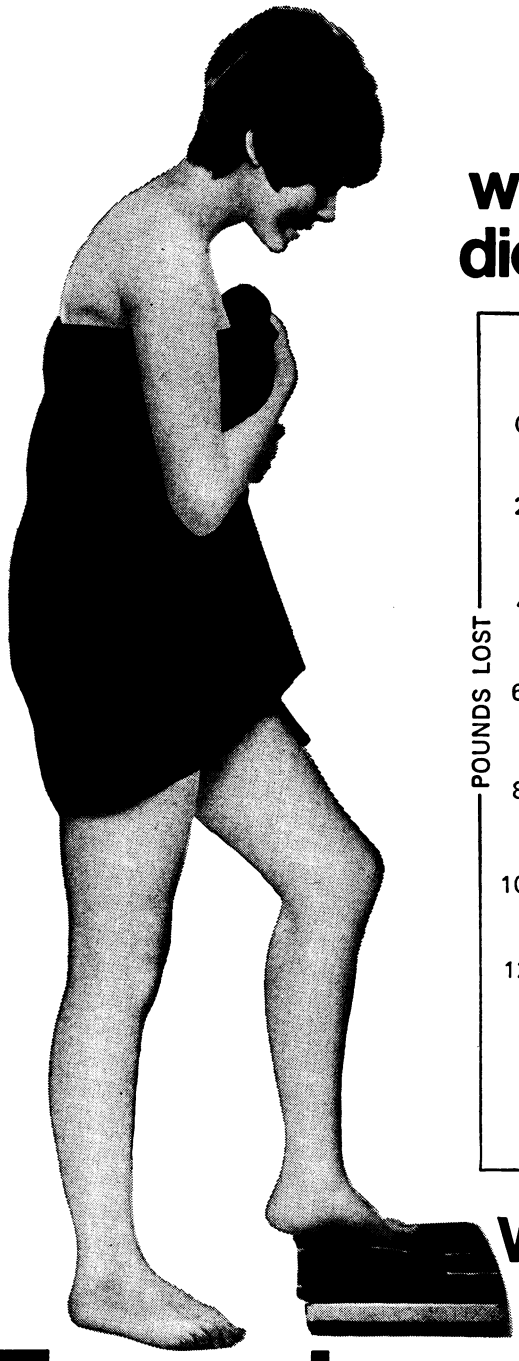
Since 1948, the number of new hospitals constructed have been few but vast sums have been spent in reconstruction of the old buildings and equipment. More important, however, the number of medical and lay personnel employed in hospitals has been greatly increased and a career structure for this staff has been established. It could be said that the existing hospitals resolve themselves into one of two types. There is the teaching and a very few highly-specialized hospitals which are geared to under-



TANDEARIL®

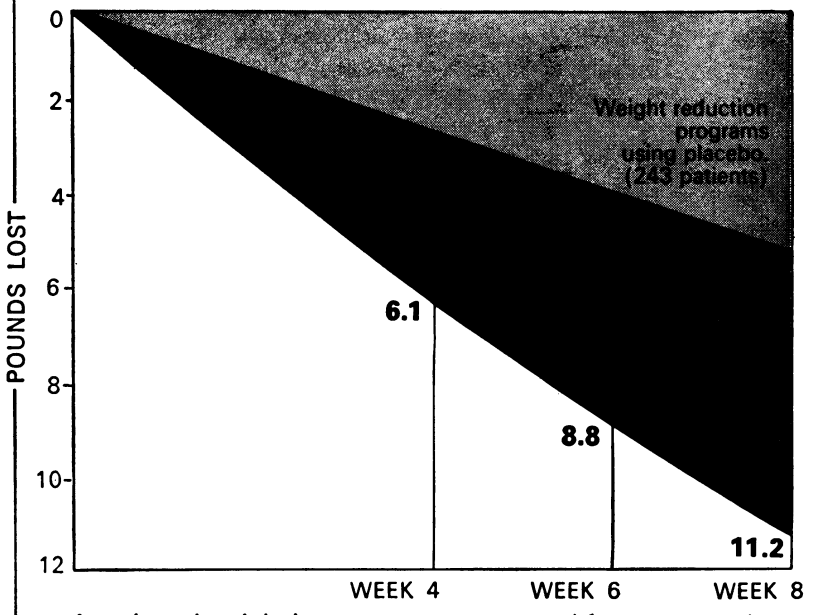
Hastens return to normal function
Reduces pain and swelling

GEIGY



Weight loss doubled when the major variable was diethylpropion hydrochloride[1,2]

WEIGHT LOSS: Compilation of results from 10 controlled studies of different weight reduction programs.



A projected weight loss curve was generated from a regression analysis of individual final weight change. Duration of treatment, regimens and individual weight changes varied substantially. This analysis includes 519 patients with obesity uncomplicated by hypertension/cardiovascular disease or diabetes.

Weight loss: the only measure of anorexic success

Tenuate (diethylpropion hydrochloride)

Composition: Tenuate Tablets: Each light blue tablet contains 25 mg. of diethylpropion hydrochloride, a sympathomimetic agent. Tenuate Dospan: (diethylpropion hydrochloride, continuous release tablets). Each capsule-shaped white tablet contains 75 mg. of diethylpropion hydrochloride, a sympathomimetic agent combined with a special hydrophilic matrix.

Contraindications: Concurrently with MAO inhibitors; in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhoea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicans. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of Two Dosage Forms: Dospan tablets: One 75 mg. continuous release tablet daily, swallowed whole, in midmorning. 25 mg. tablets: One 25 mg. tablet three times daily, one hour before meals, and in mid-evening if desired to overcome night hunger. Use in children under 12 years of age is not recommended.

Full Prescribing Information available on request.

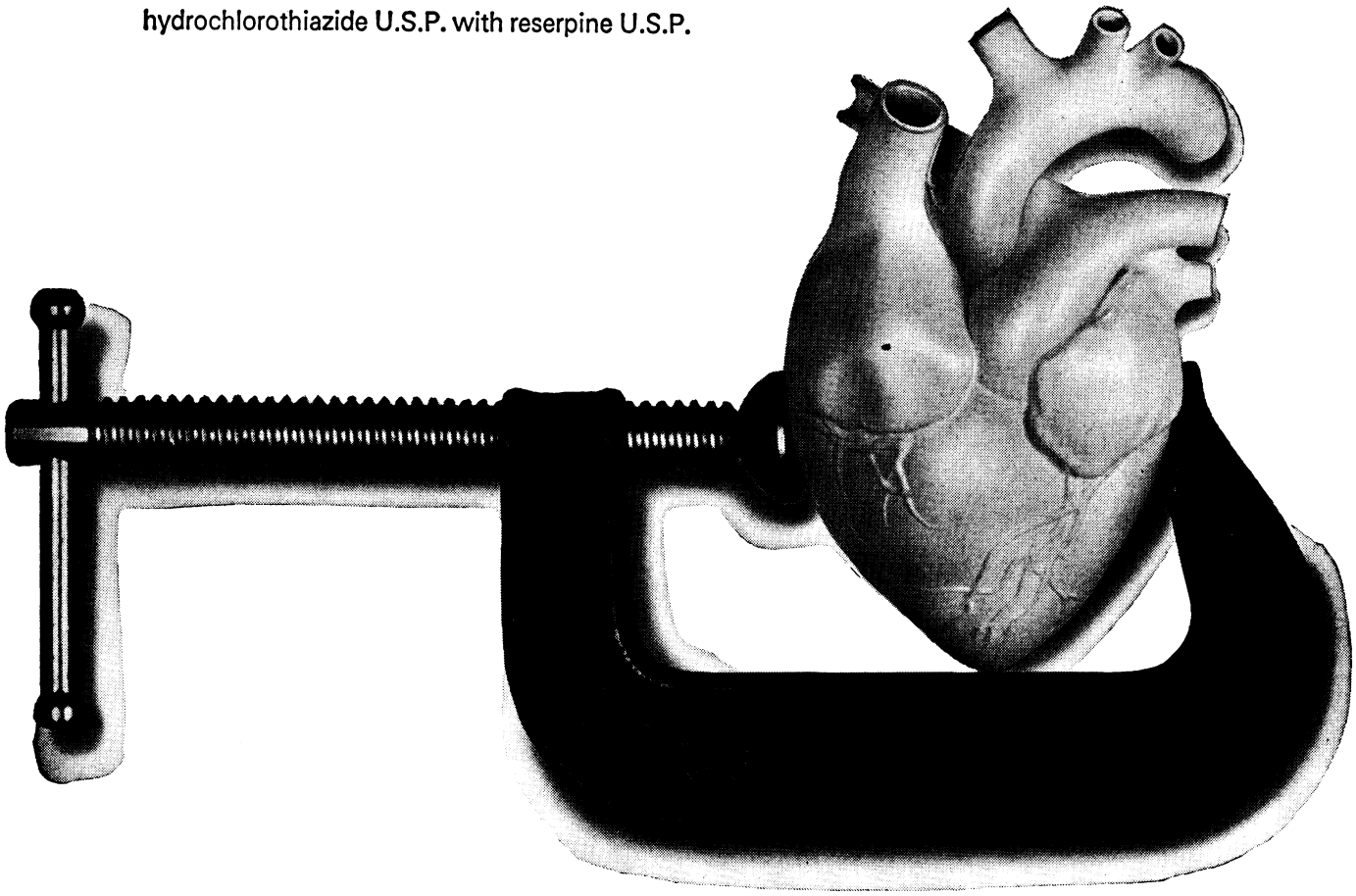
Product Information Issued November, 1968.

References: 1. Reports on file, Medical Research Department, The Wm. S. Merrell Company, Division of Richardson-Merrell Inc., Cincinnati, Ohio. 2. Petersen, A.E.: Ugeskr. Laeg. 123:188, 1961.

Merrell The Wm. S. Merrell Company, Division of Richardson-Merrell (Canada) Ltd., Weston, Ontario.

HYDROPRES*

hydrochlorothiazide U.S.P. with reserpine U.S.P.



unwinds the hypertensive pressures

HYDROPRES* is gentle. It is used as first line therapy alone or with other antihypertensive agents for the control of mild to severe hypertension.

HYDROPRES* is a simple preparation—a basic formulation of reserpine and hydrochlorothiazide for a smooth, gentle drop in blood pressure and alleviation of emotional stress.

HYDROPRES* is good starting therapy . . . good maintenance therapy too.
Start with HYDROPRES* and your hypertensive patients may not need anything stronger.

Indications: HYDROPRES* tablets are indicated in mild to severe hypertension. The combined use of hydrochlorothiazide and reserpine will sometimes reduce the blood pressure when either compound alone is without effect. Particularly in patients with sodium and water retention, HYDROPRES* helps to correct fluid imbalance. It produces mild sedation that is tranquilizing but not hypnotic, thus helping to control emotional fluctuations of blood pressure. It counteracts tachycardia that may accompany high blood pressure, permits less rigid dietary salt restriction, and when the anginal syndrome accompanies high blood pressure, it may become less severe or even disappear with control of the hypertension. In many cases, even of severe degree, HYDROPRES* alone may control the blood pressure. If a greater antihypertensive effect is required, more potent drugs can be added in comparatively small dosage and with smoother control.

Dosage Summary: The usual adult starting dosage ranges from 25 mg. o.d. to 50 mg. b.i.d., per os, increased or decreased according to the blood pressure response of the patient.

Contraindications: Anuria; discontinue if increasing azotemia and oliguria occur during treatment of severe progressive renal disease; electroshock therapy; at least seven days should elapse between discontinuance of reserpine and initiation of electroshock therapy; in persons known to be sensitive to hydrochlorothiazide.

Warnings: Special caution is necessary in patients with impaired renal function to avoid cumulative or toxic effects. Use caution in hepatic cirrhosis. Dosage of other antihypertensive agents, especially the ganglion blockers, must be reduced by at least 50 per cent as soon as hydrochlorothiazide is added to the regimen. A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical, and should be discontinued if gastrointestinal disturbances occur.

Precautions and Side Effects: *Hydrochlorothiazide:* Check carefully for signs of fluid and electrolyte imbalance. Serum and urine electrolyte determinations are important when patient vomits excessively or is receiving parenteral fluids or electrolyte intake is inadequate. Although potassium loss usually is not excessive, hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, or concomitant corticosteroid or ACTH administration. Hepatic coma may be precipitated. Hypokalemia may precipitate digitalis toxicity. Hypochloremic alkalosis occurs infrequently and is rarely severe. Unduly restricted dietary salt may complicate thiazide therapy. Hypokalemia may be avoided or treated by use of potassium chloride or foods high in potassium content; similarly chloride deficit by ammonium chloride or near normal salt intake, or both (except in cirrhotics). Discontinue 48 hours before elective surgery. Hyperuricemia may occur and gout. In diabetics, insulin requirements may be increased, decreased or unchanged. Hyperglycemia and glycosuria may result. Thiazide diuretics have reportedly precipitated a cutaneous vasculitis in elderly patients with a history of repeated and continuing exposure to several drugs. Thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, and jaundice have been reported as rare side reactions. Nausea, vomiting, diarrhea, dizziness, and paresthesias may occur. Purpura, rash, photosensitivity, or other hypersensitivity reactions have been reported in a small percentage of cases. There have been scattered reports of pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice, but data is insufficient to establish a causal relationship. Since thiazides cross the placental barrier and appear in breast milk, it is possible that side effects seen in the adult may also occur in the newborn.
Reserpine: With continued use side effects often disappear and most can be controlled by reducing dosage. The need to discontinue therapy is rare. Reactions most often reported include excessive sedation, nightmares, nasal congestion, conjunctival injection, enhanced susceptibility to colds, muscular aches, headache, dizziness, dyspnea, anorexia, nausea, increased intestinal motility, diarrhea, weight gain, dryness of the mouth, blurred vision, flushing of the skin, pruritus, skin rash, dysuria, syncope, impotence or decreased libido, bradycardia, angina pectoris and other direct cardiac effects, and central nervous system (including ocular) sensitization. Should be used cautiously in the presence of coronary disease and in patients with a history of peptic ulcer, ulcerative colitis, or other gastrointestinal disorders. May precipitate biliary colic in patients with gallstones, or bronchial asthma in susceptible persons. May cause hypotension, including orthostatic. Should be discontinued two weeks before giving anesthesia. In some patients a syndrome similar to Parkinson's disease has been produced, but is usually reversible with decreased dosage or discontinuance. Anxiety or depression, as well as psychosis, may develop. If depression is present when therapy is begun, it may be aggravated.

Detailed information on dosage, administration, precautions and bibliography is available on request.

How Supplied: Tablets HYDROPRES*-25 and HYDROPRES*-50, 25 or 50 mg. each of hydrochlorothiazide and 0.125 mg. of reserpine, are supplied in bottles of 100 and 1000.

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Where today's research is tomorrow's therapy.

"For personal use or gift"

The College of Family Physicians of Canada has available attractive cufflinks and ties featuring the new College crest embossed in gold on a blue background. The excellent quality and distinctive styling make these cufflinks and ties ideal for personal use – or as a gift idea for friends or formal presentations.

Priced at $13.00 per set; or
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Calculated exercise, rational nutrition... and Pentrium

Pentrium® combines the exceptional antianxiety action of Librium* with the sustained coronary effect of PETN.

The logic
of 'Pentrium' in angina pectoris:

more blood ——→ more oxygen
less anxiety ——→ fewer attacks

Pentrium Rx Summary Indications: Angina Pectoris, particularly long-term ambulatory prophylaxis and therapy. Precautions: Careful dosage adjustment in patients already receiving sedatives, tranquilizers, MAO inhibitors or other CNS-acting drugs in view of oversedation or ataxia. Patients should be advised to abstain from alcohol during treatment with 'Pentrium' as the individual response cannot be foreseen. Until maintenance dose is established caution whenever mental alertness or physical co-ordination is required. Periodic blood counts and liver function tests advisable in long-term use. Contraindications: Glaucoma. Dosage: 1 tablet t.i.d. or q.i.d. *before meals* and at bedtime up to a maximum of 6 tablets. Composition and Supply: Each tablet contains 20 mg pentaerythritol tetranitrate and 5 mg Librium.*. Bottles of 100, 500 and 1000. Detailed information on request.
® Reg. Trade Mark
*Reg. Trade Mark for chlordiazepoxide Roche

Hoffmann-La Roche Limited, Montreal

oral hematinic therapy with an unusually broad spectrum

in pregnancy—Depletion of iron stores may occur during pregnancy, when the demand for all blood building factors is sharply increased.

in adolescence—The onset of menstruation, together with rapid growth and erratic eating habits, can cause a hypochromic microcytic anemia.

in the geriatric patient—Poor dietary habits resulting from loneliness, dental problems or diets may result in the appearance of an iron deficiency or "multiple deficiency" anemia.

in menorraghia—Excessive blood loss may result in depleted iron reserves and consequent hypochromic microcytic anemia. It may also be responsible for the poorly defined "all-worn-out" complaint.

TRINSICON

(vitamin B_{12} with intrinsic factor concentrate and other medication C.S.D.)

for a rapid hematological response . . . striking clinical improvement

Each Pulvule of Trinsicon contains:

Special Liver-Stomach Concentrate, Lilly (containing Intrinsic Factor)	150 mg.
Vitamin B_{12} with Intrinsic Factor Concentrate, C.S.D.	½ unit (oral)
Cobalamin Concentrate, N.F. equivalent to Cobalamin	7.5 mcg.

(The above three ingredients are clinically equivalent to ¾ N.F. unit of APA potency.)

Iron, Elemental (as Ferrous Fumarate)	110 mg.
Ascorbic Acid (Vitamin C)	75 mg.
Folic Acid	0.05 mg.

Indications: Trinsicon is effective in those anemias that are treatable with oral hematinics, including pernicious and other megaloblastic anemias as well as iron-deficiency anemia.

Side-Effects: In rare instances, iron in therapeutic doses may produce gastrointestinal reactions, such as diarrhea or constipation. Reducing the dose and administering it with meals will minimize these effects in the iron-sensitive patient.

Precautions and Contraindications: In the treatment of anemias of any type, it is necessary to make the correct diagnosis and to determine the underlying cause. The use of folic acid without adequate vitamin B_{12} therapy in patients with pernicious anemia may result in hematological remission but neurological progression. While some patients affected with pernicious anemia may respond to orally ingested vitamin B_{12} with intrinsic factor, others may not, and some may respond initially and later become refractory. There is no known way to predict which patients will or will not respond, therefore, periodic examinations and laboratory studies are recommended. Hemochromatosis and hemosiderosis are contraindications to iron therapy.

Dosage: 1 Pulvule twice daily with meals. (Two Pulvules daily produce a "standard" response in the average uncomplicated case of pernicious anemia.)

Available in bottles of 60 and 500.

Additional information available to physicians on request.

ELI LILLY AND COMPANY (CANADA) LIMITED • TORONTO, ONTARIO

The first topical steroid to treat all 4 dimensions of dermatoses.

When infection invades a dermatosis, or merely threatens, Kenacomb offers the surest combination of antibacterial, anti-inflammatory, antifungal and effective antipruritic activity.

And Kenacomb's practical blend of potent triamcinolone acetonide, with anti-infective neomycin, gramicidin and nystatin is as economical as ever.

Kenacomb — and lower-strength Kenacomb Mild — the proven way to treat all four dimensions of wet, inflamed and infected dermatoses.

And you can't do better than...

SQUIBB

Squibb Quality—The Priceless Ingredient

Description: Each gram contains 1.0 mg triamcinolone acetonide; 2.5 mg neomycin base (as sulfate); 0.25 mg gramicidin and 100,000 units nystatin. The cream is formulated in an aqueous vanishing base and the ointment in Plastibase (Squibb plasticized hydrocarbon gel). *Indications:* Inflammatory dermatoses caused, complicated or threatened by bacterial and/or monilial infection. *Contraindications:* Tuberculous and most viral lesions of the skin; fungal lesions except candidiasis; history of hypersensitivity to any of its components. Should not be applied to the external auditory canal of patients with perforated eardrums. Not for ophthalmic use. *Precautions:* Prolonged use may lead to overgrowth of non-susceptible organisms. Constant observation of the patient is essential. If superinfection, local irritation or sensitization develops, the preparation should be discontinued and appropriate therapy instituted. Although rare, systemic side effects must be kept in mind especially with extensive or prolonged applications or with the occlusive dressing technique. Kenacomb should not be applied to moist intertriginous areas. During pregnancy, use on extensive areas, in large amounts or for prolonged periods of time is not recommended. *Adverse reactions:* Hypersensitivity, or local intolerance to nystatin, gramicidin or triamcinolone acetonide, is uncommon. Hypersensitivity to neomycin should be borne in mind, since an increase in its incidence has been reported. Miliaria, folliculitis, pyodermas, localized atrophy, contact sensitivity to a dressing or adhesive, and striae may occur under occlusive dressings. *Administration:* Cream—Rub into affected areas 2 or 3 times daily. Ointment—Apply a thin film to affected areas 2 or 3 times daily. *Supply:* Tubes of 5 and 15 gm. *Complete prescribing information available on request.*

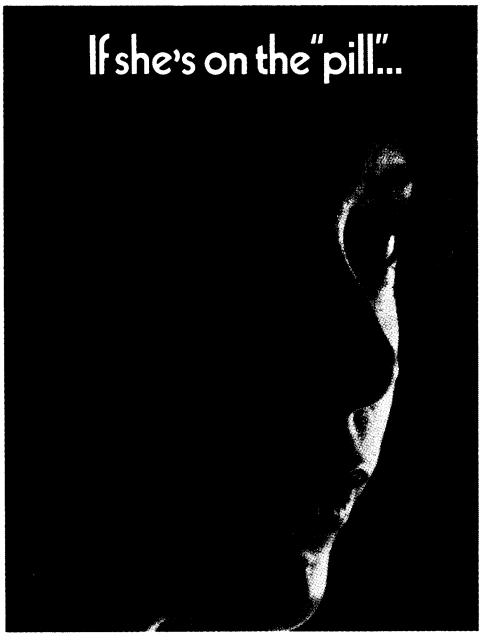
Problems of intimacy...

The incidence of Vaginitis, caused by *Candida albicans* is on the increase. This can be attributed to many factors. Current vogues are frequently indicted because of the effect they have on the highly susceptible intimate areas of the body. Girls with tight fitting clothing are prone to vaginal moniliasis as are women on the pill.

Reinfection from the husband may also occur.

Fortunately, specific therapy exists for these problems of intimacy.

MYCOSTATIN



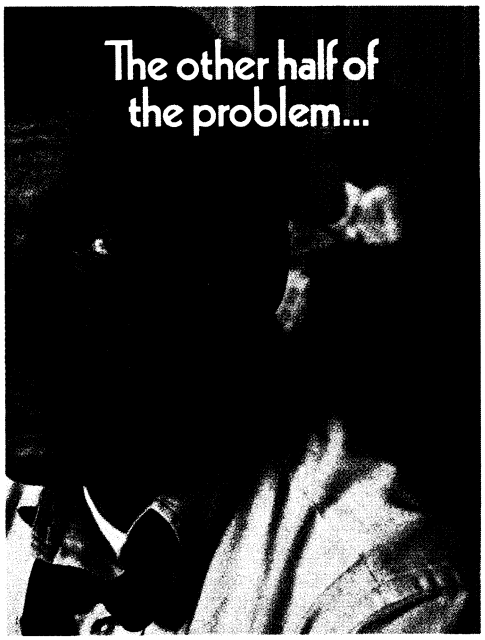
VAGINITIS...AND SHE'S ON THE PILL ...SUSPECT MONILIA FIRST.

Since the advent of the "pill", reports have associated a higher incidence of candidal vaginitis with the use of oral contraceptives.[1,2] A partial explanation may be that these compounds create an environment particularly conducive to the growth of *Candida albicans*.[3]

MYCOSTATIN VAGINAL TABLETS
(Nystatin Tablets, U.S.P.):
Specific for vaginal moniliasis –
Supply: Packages of 15 with applicator. Each tablet contains 100,000 units of nystatin and 0.95 gm of lactose.
Dosage: Usual dosage is 1 or 2 tablets (100,000 or 200,000 units) daily. In most cases, two weeks of therapy will be sufficient, but in some cases more prolonged treatment may be necessary. "Instructions for the patient" are enclosed in each package.

MYCOSTATIN ORAL TABLETS
(Nystatin Tablets, U.S.P.):
Specific for G.I. moniliasis: particularly to reduce or eliminate *Candida* from the G.I. tract –
Supply: Bottles of 12 and 100. Each tablet contains 500,000 units of nystatin.
Dosage: The usual prophylactic and therapeutic dose is 1 tablet 3 times daily.

MYCOSTATIN OINTMENT
(Nystatin Ointment, U.S.P.):
Specific for cutaneous moniliasis –
Supply: Tubes of ½ oz. and 1 oz. Each gm of ointment contains 100,000 units of nystatin in Plastibase.
Dosage: Apply liberally to affected areas 1 to 4 times daily as required.



CANDIDAL VAGINITIS IN THE SPOUSE...SUSPECT MONILIA FIRST.

There is evidence[5-9] that a woman with candidal vaginitis may infect her husband who, presumably, can reinfect her. Thus, the problem should be eliminated in t male as well as in the female patient

CONTRAINDICATION:
Hypersensitivity to nystatin.

VAGINITIS . . . AND "ALL DRESSE UP" . . . SUSPECT MONILIA FIRST.

"The present habit of wearing tight, clos ly knit, nonabsorptive garments next the skin covered with a tight outer trous gives rise to a warm, highly humid atm sphere that can macerate the skin a cause a flare-up of vulvovaginitis".[4]

ADVERSE REACTIONS: Large oral dos may produce diarrhea and G.I. distres Nystatin is usually well tolerated by age groups, even after prolonged a ministration.

PRECAUTIONS: Discontinue medicatior hypersensitivity or irritation from topic or intravaginal use should occur. Nystat is ineffective against bacteria and viruse Not for systemic infections; nystatin is r absorbed from the G.I. tract.

Complete prescribing information available on request.

REFERENCES: 1. Walsh, H.; Hildebrandt, R. J.; and Prystowsky, H.: *Amer J Obstet Gynec* **101**:991 (Aug 1) 1968. 2. Walsh, H.; Hildebrandt, R. J.; and Prystowsky, H.: *Amer J Obstet Gynec* **93**:904 (Nov 15) 1965. 3. Seelig, M. S.: *Med Times* **96**:689 (Jul) 1968. 4. Morton, J. H., in Conn, H. F. (ed.): *Current Therapy 1966*, Philadelphia: W. B. Saunders Company, 1966, p 717. 5. Rohatiner, J. J.: *Brit J Vener Dis* **42**:197, 1966. 6. Gardner, H. L.: *Texas State J Med* **40**:333 (Oct) 1944. 7. McGoogan, L. S.: *J Mich Med Soc* **55**:682 (Jun) 1956. 8. Waisman, M.: *Arch Derm Syph* **70**:718 (Dec) 1954. 9. Any Questions: *Brit Med* J **1**:1429 (May 19) 1962.

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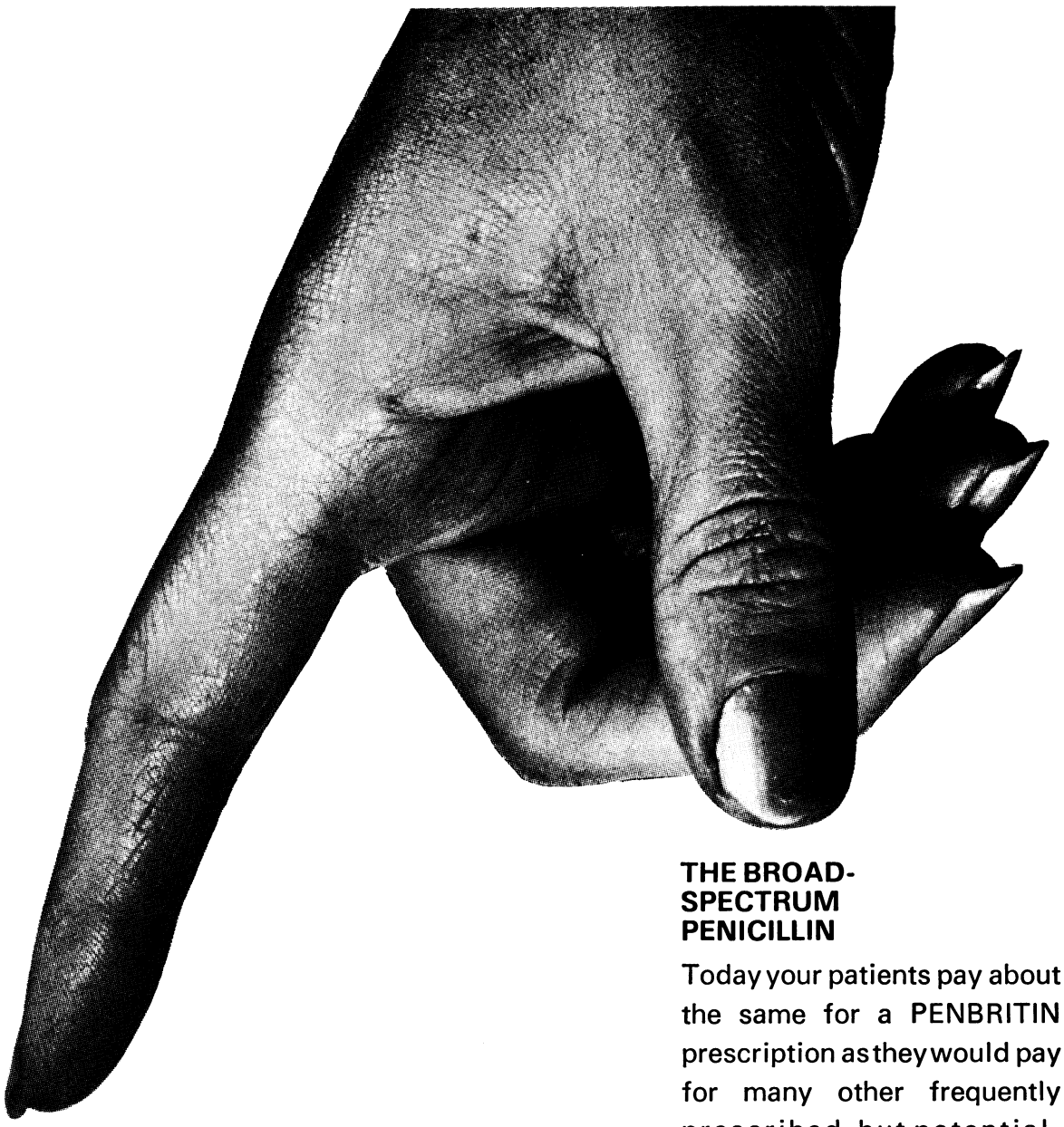
SQUIBB
Squibb Quality — the Priceless Ingredi

CR-009 MYC—JA—70E

Penbritin* is 'way up here in effectiveness and safety



but 'way down here in cost

THE BROAD-SPECTRUM PENICILLIN

Today your patients pay about the same for a PENBRITIN prescription as they would pay for many other frequently prescribed, but potentially more toxic, medium and broad-spectrum antibiotics. For bactericidal PENBRITIN's widespread use has enabled us to reduce its price 9 times in 7 years. So, if you can never remember the price of PENBRITIN, maybe it's because it keeps dropping.

Penbritin* (ampicillin)

AYERST LABORATORIES
division of Ayerst, McKenna & Harrison Ltd.
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PENBRITIN made available in Canada by arrangement with Beecham Research Laboratories
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Full prescribing information and references available on request.

M2524/7/70

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to prevent conception safely

The unique shape of SAF-T-COIL INTRAUTERINE DEVICE was developed along precise anatomical principles to do a single thing: to prevent conception. Not to simulate pregnancy. Not to alter or inhibit a woman's natural cycle. Not to affect her hormone balance. But just this: to prevent conception with maximum assurance and safety.

Let's begin with assurance. The use-effectiveness rate of SAF-T-COIL has been demonstrated to compare favorably with that of oral contraceptives.[1] Specifically, in the most recent large-scale study, covering 3,288 woman-months of use, the rate of pregnancy prevention during the first year was 98.6%...the retention rate was 87%.[2]

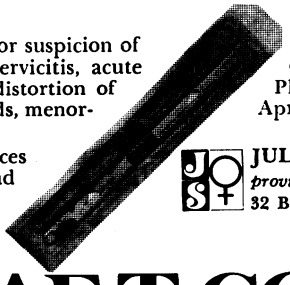
Which brings us to safety. Given comparable effectiveness, doesn't good practice argue in favor of the technique which does *not* require long-term systemic medication? And SAF-T-COIL is the first IUD to be supplied in a preassembled sterile package, complete with disposable inserter—a matter not only of safety but convenience.

When your patients ask about "the pill" or report "pill problems," tell them you can now give them a more reassuring technique: SAF-T-COIL.

Caution: Should not be used in pregnancy or suspicion of pregnancy, suspicion of carcinoma, acute cervicitis, acute or subacute adnexal disease, fibroids with distortion of uterine cavity, particularly submucous fibroids, menorrhagia or unexplained bleeding.

1. Report on Intrauterine Contraceptive Devices by the Advisory Committee on Obstetrics and Gynecology, Food and Drug Administration, January, 1968 (The Hellman Report.)

2. Vaughn, B. J., and Dominguez, H.: presented at 6th Convention of American Association of Planned Parenthood Physicians, San Antonio, Texas, April 17, 1968.



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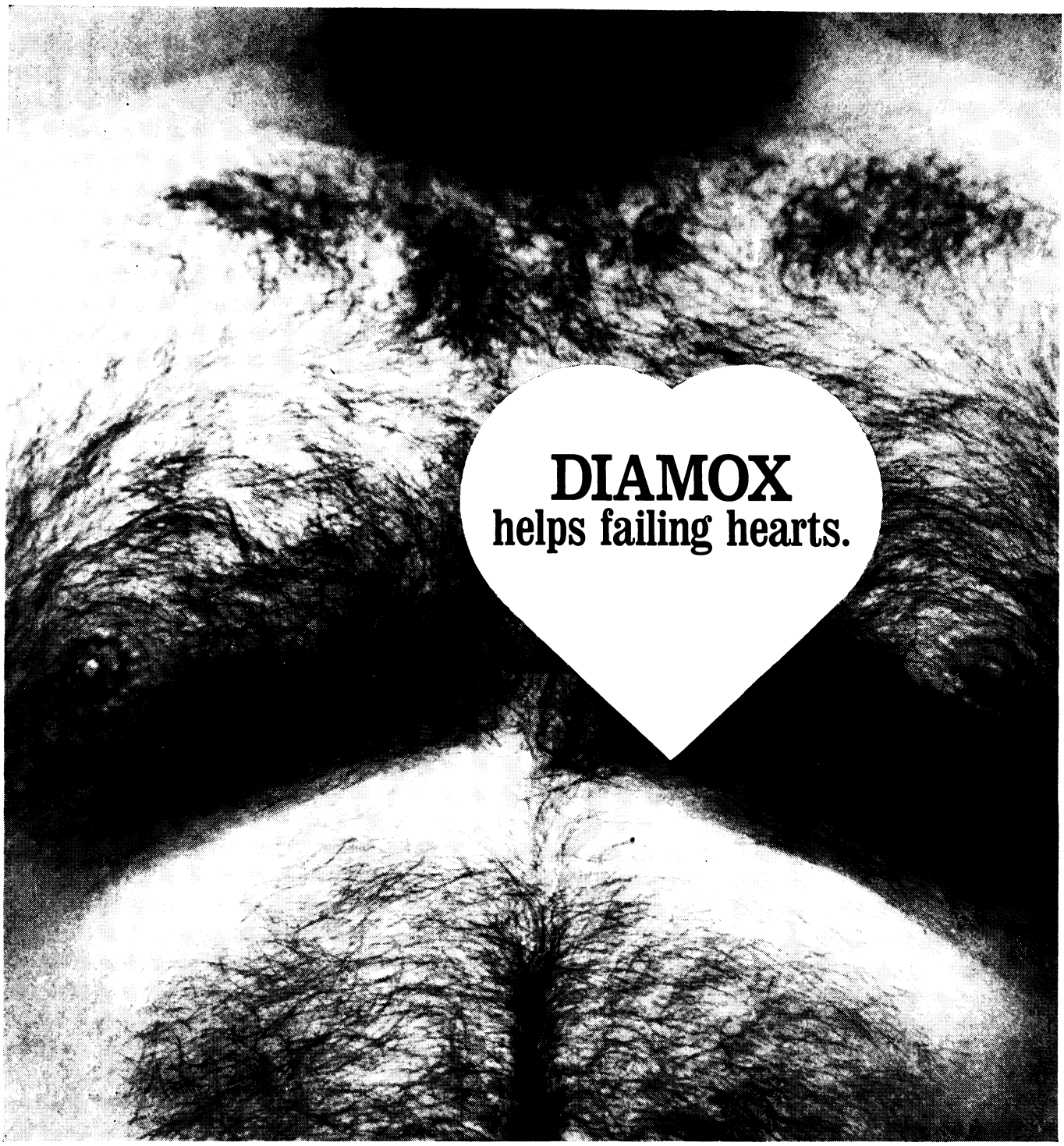
THE INTRAUTERINE DEVICE IN THE PREASSEMBLED STERILE PACKAGE



For continuing therapy, DIAMOX provides the moderate diuretic action needed in many cases of congestive heart failure. Fluid loss is maintained with gentle action. A single morning dose provides peak action in the daytime hours, allows an uninterrupted night's sleep.

DIAMOX®

TABLETS 250 mg. Acetazolamide Lederle

Dosage: Congestive heart failure, toxemia and edema of pregnancy, drug induced edema and obesity. Starting dose is usually 1 to 1½ tablets once daily in the morning. Best maintenance results are obtained on a dosage of 1 to 1½ tablets daily for two days, rest a day, and repeat. Dosage information in glaucoma and epilepsy available on request or please consult your Vademecum International or Compendium of Pharmaceuticals and Specialties. **Contraindications:** Since Diamox may induce a mild acidosis, its use is contraindicated in idiopathic renal hyperchloremic acidosis. It is also contraindicated in Addison's disease and in all types of adrenal gland failure. **Availability:** Tablets 250 mg. (white scored); Sequels 500 mg. (orange); Parenteral vial of 500 mg. Detailed therapeutic information is readily available on request or in your Vademecum International or Compendium of Pharmaceuticals and Specialties.

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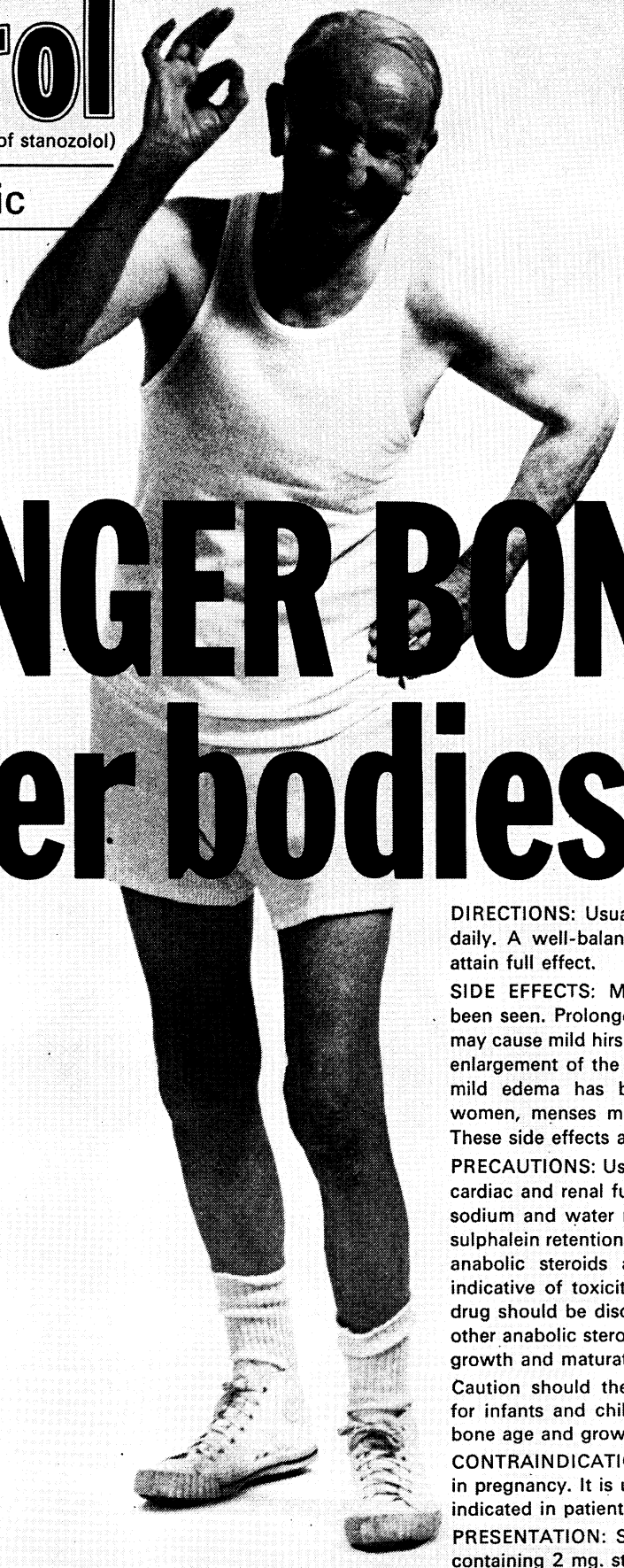
Lederle CYANAMID OF CANADA LIMITED, *Montreal*

MEMBER PMAC

Pr Winstrol

(brand of stanozolol)

the potent oral anabolic



provides for

STRONGER BONES in older bodies!

Your patients will look better and feel stronger on a Winstrol regimen, because Winstrol is a potent, oral anabolic. Moreover, Winstrol is unequalled in its ratio of effectiveness to incidence of unwanted androgenic effects. Winstrol provides for increased strength and well-being, gain in weight and appetite while counteracting nitrogen and calcium loss with resulting bone and tissue regeneration.

Winthrop LABORATORIES
AURORA, ONTARIO

DIRECTIONS: Usual adult dosage 2 mgs. 3 times daily. A well-balanced diet should be assured to attain full effect.

SIDE EFFECTS: Mild gastro-intestinal upset has been seen. Prolonged administration at full dosage may cause mild hirsutism, acne or voice change and enlargement of the phallus or clitoris. Occasionally mild edema has been observed and, in young women, menses may become shorter and milder. These side effects are generally reversible.

PRECAUTIONS: Use with care in cases of impaired cardiac and renal function due to the possibility of sodium and water retention. An increase in bromsulphalein retention has been seen with all available anabolic steroids and, although it may not be indicative of toxicity and is usually reversible, the drug should be discontinued if it is noted. As with other anabolic steroids, Winstrol may accelerate the growth and maturation of bone.

Caution should therefore be exercised in therapy for infants and children and careful monitoring of bone age and growth should be performed.

CONTRAINDICATIONS: Winstrol is contraindicated in pregnancy. It is usually considered to be contraindicated in patients with prostatic carcinoma.

PRESENTATION: Scored compressed tablets each containing 2 mg. stanozolol, bottles of 100.

Full information available on request.

The single antibiotic versus the triple combinations.

No contest.

GARAMYCIN* Cream or Ointment, with a single antibiotic formulation, offers the full spectrum coverage of the usual topical, triple antibiotic combinations. And GARAMYCIN fills the gram-positive and gram-negative gaps of bacitracin and polymyxin B; moreover, it has a broader spectrum than neomycin in terms of overall potency.[1,2]

GARAMYCIN covers virtually the entire bacterial spectrum in common or stubborn skin infections as found in wounds, impetigo and folliculitis.

It is highly active — bactericidal against staphylococcus, pseudomonas and proteus — pathogens which may be resistant to other antibiotics.

There's GARAMYCIN Cream . . . miscible with water, blood and exudate, for wet and oozing lesions. Or GARAMYCIN Ointment for infections of dry, eczematous and psoriatic skin.

And GARAMYCIN is available with prescription only.

Indications: Primary and secondary skin infections.

Dosage: A small amount of GARAMYCIN Cream or Ointment applied gently to the lesion three or four times daily until favourable results are obtained.

Contraindications: None known other than sensitivity to one of the components in the preparation.

Precautions: Therapy should be discontinued if super-infection, irritation or sensitivity occurs.

Side Effects: Rarely, mild irritation. Possible photo-sensitization has been reported in several patients but was not confirmed.

Full information is available on request and is published in the Compendium of Pharmaceuticals and Specialties.

References: (1) Files of Headquarters Medical Research Division, Schering Corporation. (2) Weinstein, M. J.; Luedemann, G. M.; Oden, E. M., and Wagman, G. H., in Sylvester, J. C.: Antimicrobial Agents and Chemotherapy - 1963, Ann Arbor, American Society for Microbiology, 1964, pp. 1-7.

For further information write to Schering Corporation Limited, Pointe Claire 730, P.Q.

**Reg. T.M.*

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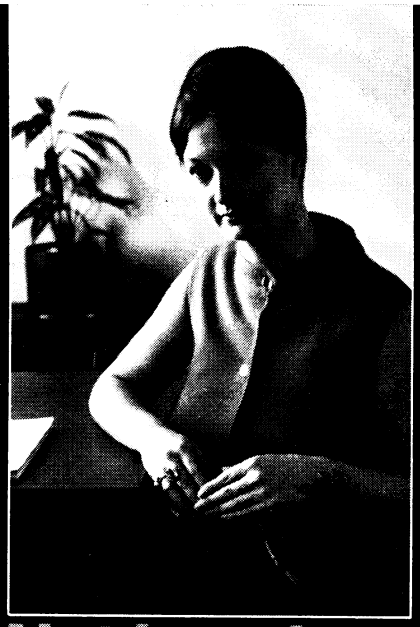

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Depend on Candeptin® (candicidin) as the agent of first choice in all Candida cases.








penses in arriving at his net income. However, under the proposed system the expenses will not be deductible. Assuming a combined federal and provincial marginal tax rate of 51.2 percent (the rate for any individual with taxable income over $24,000) this change will cost Doctor "A" an additional $922 in tax.

Medical Expenses

Changes are also proposed for the deduction of medical expenses in excess of three percent of a taxpayer's net income. No deduction will be allowed for medical expenses for which a taxpayer has been reimbursed or is entitled to be reimbursed under an insurance or prepayment plan. Premiums or contributions paid to such plans, other than government plans, will be deductible. Employer contributions to employee public medical care plans will constitute a taxable benefit to the employee.

The personal income tax rates schedule and the manner of computing personal income tax will also be changed. The present federal rate schedule now ranges from 11 percent on taxable income of $1,000 or less to 80 percent on taxable income over $400,000. Under the proposed personal rate schedule the range will be from 17 percent on the first $500 of taxable income to 40 percent on income over $24,000. This is probably one of the few proposals in the White Paper which will be greeted with general accord.

Accrual Basis

Professionals will now be obliged to compute their taxable income on the accrual basis. Receivables and inventories at the date of the changeover will be brought into income over a number of years. These will be brought into income as the total outstanding receivables and inventories are reduced. This amount will be in addition to the amount of their income computed on the accrual basis and will mean taxation on the greater cash-basis income or accrual-basic income.

The government believes that many taxpayers who would otherwise be in quite high tax brackets have become landlords and have thus been able to reduce or eliminate the tax on their other income by claiming the maximum depreciation on their buildings. The government proposes to close this loophole in the following manner:

1. A person who inherits property will, for tax purposes, inherit the tax cost of that property to the deceased.
2. A taxpayer will be prohibited from deducting from other income a loss from holding property if the loss is created by capital cost allowance, interest or property taxes.
3. A separate depreciation class will be created for each rental building that costs $50,000 or more.

In summary, these comments are a second look at the government's tax proposals as they will affect your future taxable income figures and ultimately the amounts you will pay in tax. There's not much point in arguing against the proposals among yourselves but rather, if you feel strongly about them, send your views to Mr. Benson. It's called participatory democracy. ◄

Dalacin C

Dalacin C

a new Gram-positive oral antibiotic

- a single 150 mg. dose of new Dalacin C provides serum levels well in excess of the minimum *in-vitro* bactericidal concentrations for sensitive Staphylococci, Streptococci and Pneumococci
- 90% absorption even when taken with food
- peak serum levels in 45 minutes (fasting)
- serum levels in excess of minimum inhibitory concentrations for most common Gram-positive pathogens maintained for at least 6 hours with a single dose
- no serious side effects reported
- effective against penicillinase-producing Staph.

Supplied:

ADULTS

150 mg. Capsules: Each capsule contains clindamycin hydrochloride hydrate equivalent to 150 mg. clindamycin base, in bottles of 16 and 100.

CHILDREN

75 mg. Pædiatric Capsules: Each capsule contains clindamycin hydrochloride hydrate equivalent to 75 mg. clindamycin base, in bottles of 16 and 100.

It is written in such a way as to be a handy reference for the General Practitioner. The author has stated that he has tried "to discard the minutia; of course, I have not always been successful". One of the areas where he was not successful was with the ovarian tumors. I think he went into too much detail in this chapter. The classification of the ovarian tumors is new and very useful, and maybe I am being too critical because I am too clinically orientated. My classification is much simpler. Is it physiological or do they need to see a gynecologist? This classification, of course, can come only after fifteen years experience and is definitely not applicable to the medical student or the General Practitioner removed from specialist help.

The chapter on psychosomatic gynecology is a little disappointing. I find a large part of my gynecological practice is related to this area albeit associated with anxiety and/or depression, and would have appreciated a more thorough discussion of this area. It was interesting to compare the size of chapters relating to this area and to the chapter on ovarian cancers—six pages as compared to 29 pages. In my practice the reverse order of importance would apply.

The surgical procedures involved in gynecology could have been dealt with at greater length—the book would then have been more useful to the family physician in more remote areas.

The chapters, Infertility, Paediatric Gynecology, and Counselling of Patients and Contraceptive Advice are very welcome additions to this book and the author should be commended on the manner in which he has handled them.

In summary, I liked this book. It is written in a clear concise manner, produced well and with enough illustrations and photographs to make the text completely clear. I would recommend this book for medical students, interns and for non-gynecologists as an excellent review of this important subject.

Reviewed by W. P. Fraser, MD. (Dr. Fraser is in group practice in Galt, Ont.)

High

...the high blood levels you want

Low

...the low cost she wants

Tetrex bidCAPS controls susceptible bacteria on an easy b.i.d. schedule at a cost lower than all other "convenience dosage" tetracyclines.

PRESCRIBING INFORMATION. *Description:* Tetrex (tetracycline phosphate complex) is more rapidly and efficiently absorbed following oral administration than the hydrochloride salt. Tetracycline serum concentrations are consistently higher (practically double) in the early hours following the oral administration of this drug than following the oral administration of tetracycline HCl in equivalent dosage. *Dosage: Adults:* The usual dose is 500 mg. twice a day. Severe or prolonged infections require higher doses. Acute Gonococcal Urethritis: 500 mg. t.i.d. for 1 day's therapy. Female patients may require more prolonged therapy. Pustular Acne: 500 mg. b.i.d. to initiate therapy. Reduce dosage as soon as pustular element is controlled. Chronic Bronchitis: 500 mg. b.i.d. Higher doses may be required to control acute episodes. *Children:* The average daily dose is 25 mg. per Kg. (2.2 lbs.) of body weight. Doses should be divided and given at 6-hour intervals. Therapy for most infections should be continued for 24-48 hours after the patient has become asymptomatic or afebrile. In acute beta-hemolytic streptococcal and certain staphylococcal infections, therapy should be continued for at least 10 days. Flatulence, nausea or diarrhea may occur during tetracycline therapy. *Precautions:* The use of antibiotics may occasionally result in overgrowth of nonsusceptible organisms. If a superinfection occurs during therapy, appropriate measures should be taken. Tetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans. However, use of tetracycline during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of the teeth (yellow-grey-brownish). This effect occurs mostly during long-term use of the drug but it has also been observed in usual short treatment courses. *Warning:* If renal impairment exists, even usual oral or parenteral doses may lead to excessive systemic accumulation of the drug and possible liver toxictiy. Under such conditions, lower than usual doses are indicated, and if therapy is prolonged, tetracycline serum level determinations may be advisable. *Supply:* Tetrex bidCAPS (tetracycline phosphate complex). 500 mg. capsules, bottles of 8 and 50.

Tetrex* bidCAPS†
(tetracycline phosphate complex)

†Trademark for a brand of capsules.
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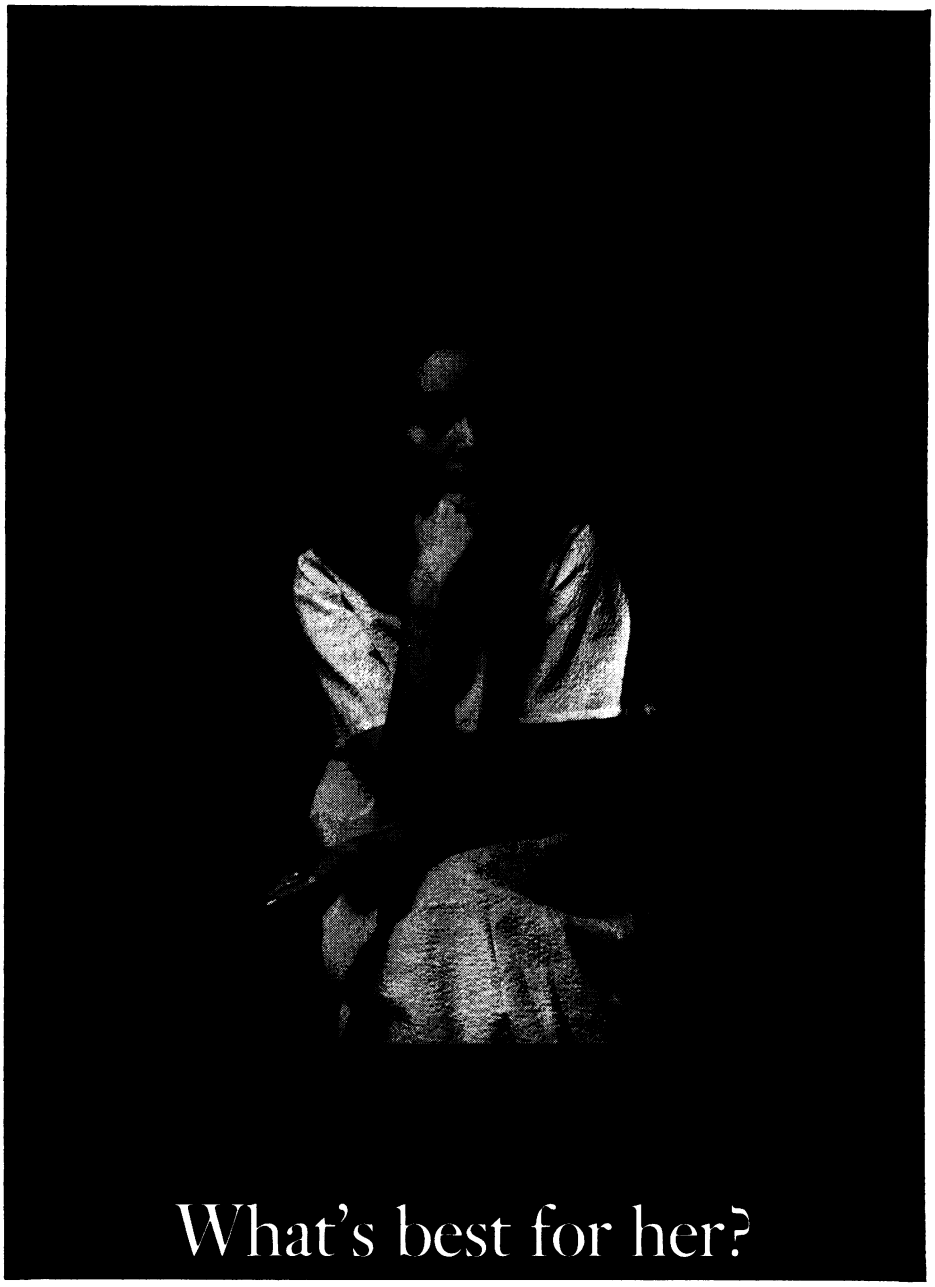

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In the matter of conception control, all women have the same need—a contraceptive method that is proven effective, safe, and practical. Yet every woman is different—with individual preferences, opinions, questions.

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consider the alternatives

Saf-T-Coil Intrauterine Device
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Immolin Vaginal Cream-Jel
(spermicidal for effective use without a diaphragm)
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The Role of the General Hospital In Health Care — Part Two

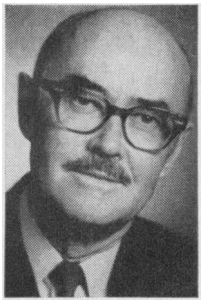
W. I. TAYLOR, MD

ABSTRACT

The aim of this article is to provoke dialogue and to initiate change. Costs of health care are alarming. Our inability to respond effectively to the demand for total health care is frustrating. This is the second article in a series on hospitals. The next article will look at unmet health care needs and underutilized health care resources and seek to identify the group practice of medicine as the logical centre for orientation of other than general hospital health services.

THE PRECEDING ARTICLE IN THIS SERIES urged us to "recognize that we are approaching a crisis in our ability to respond to health care expectations. Particularly, we should attempt now to define what is the proper and prudent hospital role in the provision of health care".

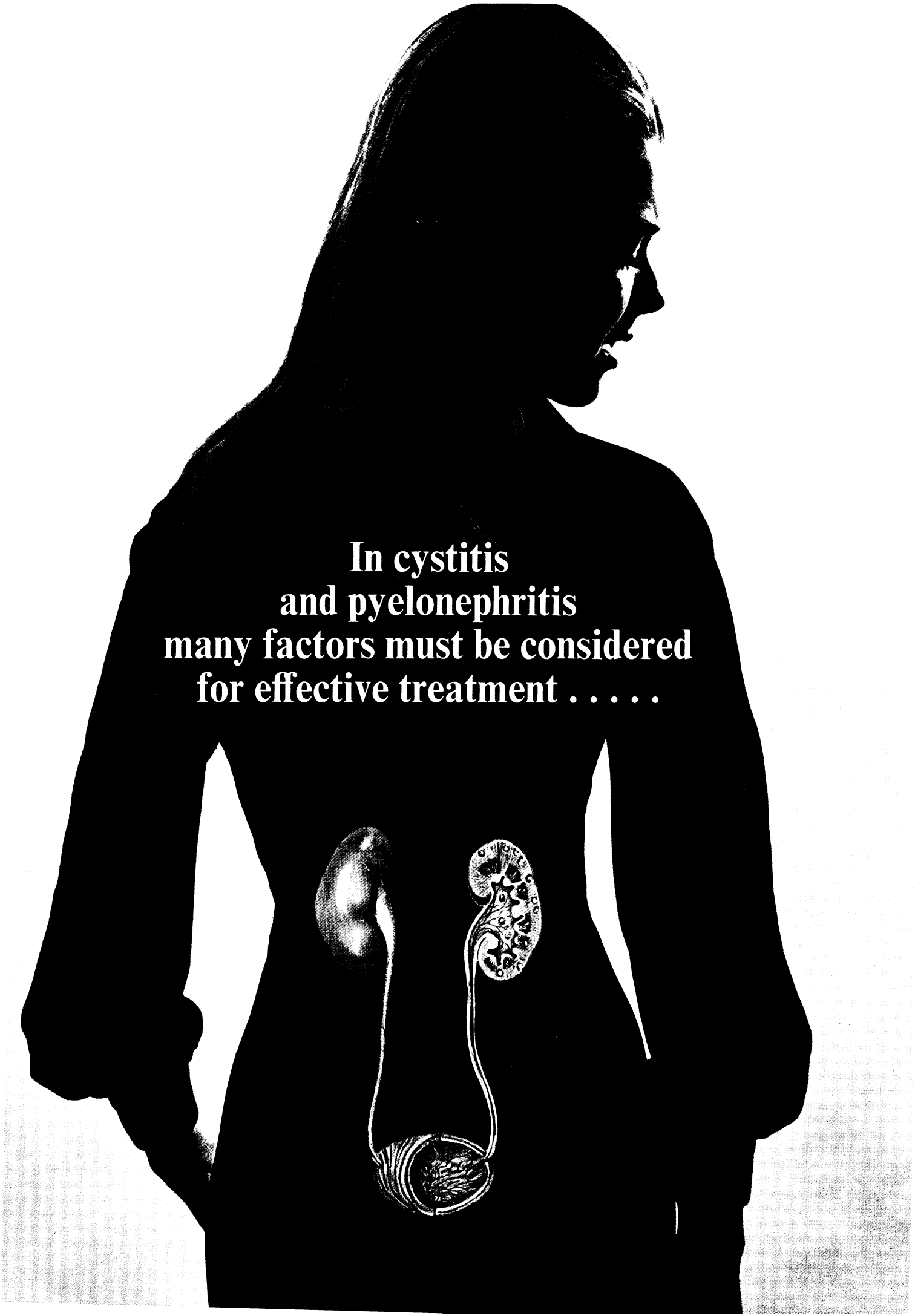
Any inquiry into the general hospital's proper and prudent role clearly compels us to look at past history. It is said that the disability of the aged is not so much caused by loss of cerebral ability as by loss of memory. The confused geriatric patient can think and act, but since he has lost the memory which he formerly used to judge the appropriateness of personal acts, his conduct becomes bizarre. Any understanding of the present-day general hospital must likewise include a proper knowledge of, and regard for, influences of the past. Otherwise our development of health service delivery systems will become increasingly more inconsistent and inappropriate.



Dr. Taylor is a former Executive Director of the Canadian Council on Hospital Administration.

The Hospital's History—Care of the Catastrophe

In ancient times, there were no hospitals as such. In early Greek and Roman times, the temples of the gods served as places where the sick congregated. In even older civilization, the mass psychology derived from engaging in unison in liturgical activity before the altar fires produced a health benefit. Individual cries for cleansing and wholeness were joined with those of others who also were imploring the deity for aid


In cystitis
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many factors must be considered
for effective treatment . . . . .

Since cystitis is rarely a primary condition, it may be more prudent to initiate therapy with an antibacterial agent that effectively controls pathogens not only in the bladder, but throughout the entire urinary tract, including renal, urethral and prostatic tissues as well.

deal with cystitis and pyelonephritis from a position of strength

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Declomycin consistently provides . . . .

- higher and more persistent tissue and serum concentrations
- potency against *E. coli* and most other pathogenic bacteria implicated in urinary tract infections, including some strains of *Proteus* and *Pseudomonas*
- sustained activity because of low rate of renal clearance
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Dosage: Average daily adult dosage is one capsule (150 mg.) q.i.d., or 2 capsules (150 mg.) b.i.d. or one tablet (300 mg.) b.i.d. Pediatric daily dosage is 3 to 6 mg. per pound of body weight divided into 2 or 4 doses, dependent upon the severity of the disease. **Warning:** If renal impairment exists, even usual doses may lead to excessive systemic accumulations of the drug and possible liver toxicity. Under such conditions, lower than usual doses are indicated and if therapy is prolonged, demethylchlortetracycline serum level determinations may be advisable. **Availability:** 150 mg. capsules (coral); 300 mg. film coated tablets (red); 75 mg./5 cc. syrup (cherry flavour); 60 mg./cc. pediatric drops (cherry flavour). Detailed therapeutic information is readily available on request and in your Vademecum International or Compendium of Pharmaceuticals and Specialties.

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14th annual scientific assembly of the
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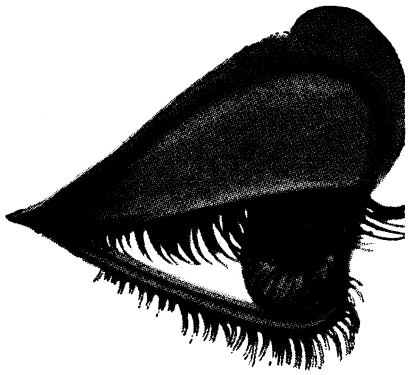

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eye care by Schering

GARAMYCIN* (gentamicin 0.3%)

Schering's newest ophthalmic for control of common as well as stubborn infections of the eye. Garamycin (gentamicin) has an ideal antibacterial spectrum for ocular infections and marks a significant advance in ophthalmic therapy. It is bactericidal against a wide variety of gram-positive and gram-negative bacteria, including penicillin-resistant Staphylococcus, as well as Pseudomonas and Proteus. [1]

Virtually, no sensitivity reactions to Garamycin have been reported and irritation is rare.

Garamycin Ophthalmics are available in two forms . . . solution and ointment. Garamycin Ophthalmic Solution is ready to use and stable for two years.

Indications: For the treatment of superficial infections of the conjunctiva, cornea, eyelids, tear ducts and skin adjacent to the eye. ***Precautions:*** Use of topical antibiotics occasionally allows overgrowth of nonsusceptible micro-organisms such as fungi. If this occurs, treatment should be discontinued and appropriate therapy initiated. ***Available as:*** Garamycin Ophthalmic Solution (0.3%) in 5 ml. plastic dropper bottles. (Each ml. of Garamycin Ophthalmic Solution contains 5 mg. gentamicin sulphate — equivalent to 3.0 mg. gentamicin base). Garamycin Ophthalmic Ointment (0.3%) in ⅛ oz. tubes with ophthalmic applicator tip. (Each gram of Garamycin Ophthalmic Ointment contains 5 mg. of gentamicin sulphate — equivalent to 3.0 mg. gentamicin base).

SODIUM SULAMYD* (sodium sulfacetamide)

For the prevention and treatment of eye infections. Rapid bacteriostatic action with established safety and freedom from local irritation or sensitization.

Available as: Sodium Sulamyd Ophthalmic Solution 30% — in plastic dropper bottles of 15 ml. Sodium Sulamyd Ophthalmic Solution 10% with Methylcellulose — in plastic dropper bottles of 15 ml. Sodium Sulamyd Ophthalmic Ointment 10% — in a ⅛ oz. tube.

CELESTONE* - S (betamethasone 0.1% and sodium sulfacetamide 10%)

When allergy, inflammation and infection co-exist. Treatment with combined corticosteroid/sulfonamide therapy. A colloidal solution that forms a tenacious but crystal-clear film which is not readily washed away by lacrimal fluid.

Indications: For prophylaxis and local treatment of superficial ocular inflammatory, allergic, and/or infectious conditions known to respond to corticosteroid/sulfonamide therapy. ***Contraindications:*** Herpes Simplex Corneae and those conditions listed on each package insert. ***Precautions:*** Extended use of topical steroid therapy may cause increased intra-ocular pressure in certain individuals, and in those diseases causing thinning of the cornea, perforation has been known to occur. ***Available as:*** Celestone-S Colloidal Eye Drops — in 2.5 ml. and 5 ml. dropper bottles.

METIMYD* (prednisolone acetate 0.5% and sodium sulfacetamide 10%)

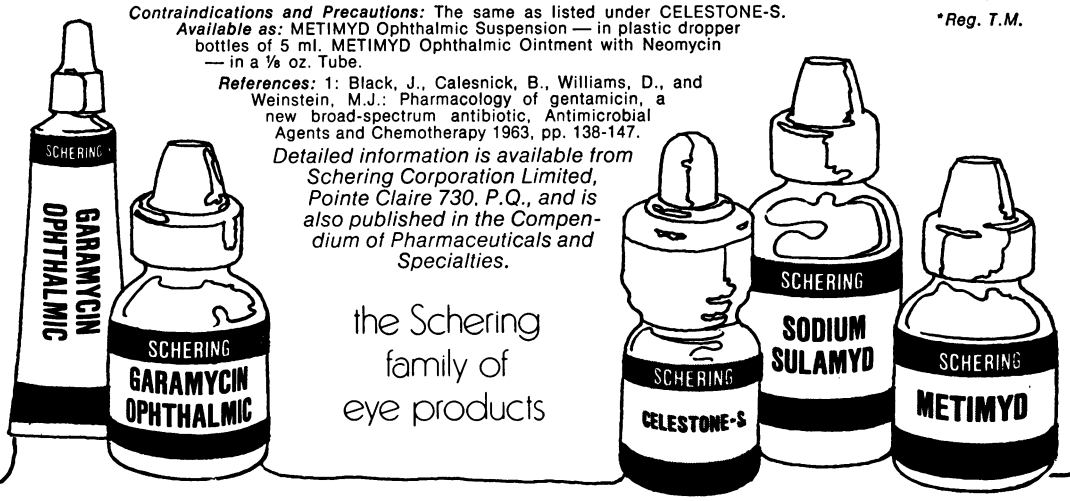
For simultaneously combating infection, inflammation and allergy. Ophthalmic Suspension combines prednisolone acetate for intensified steroid action and Sodium Sulamyd for wide-range antibacterial therapy. The Ointment with Neomycin contains prednisolone and sodium sulfacetamide in the same concentration as the Suspension, but with the addition of 5 mg./gm. (0.5%) of Neomycin.

Contraindications and Precautions: The same as listed under CELESTONE-S.
Available as: METIMYD Ophthalmic Suspension — in plastic dropper bottles of 5 ml. METIMYD Ophthalmic Ointment with Neomycin — in a ⅛ oz. Tube.

**Reg. T.M.*

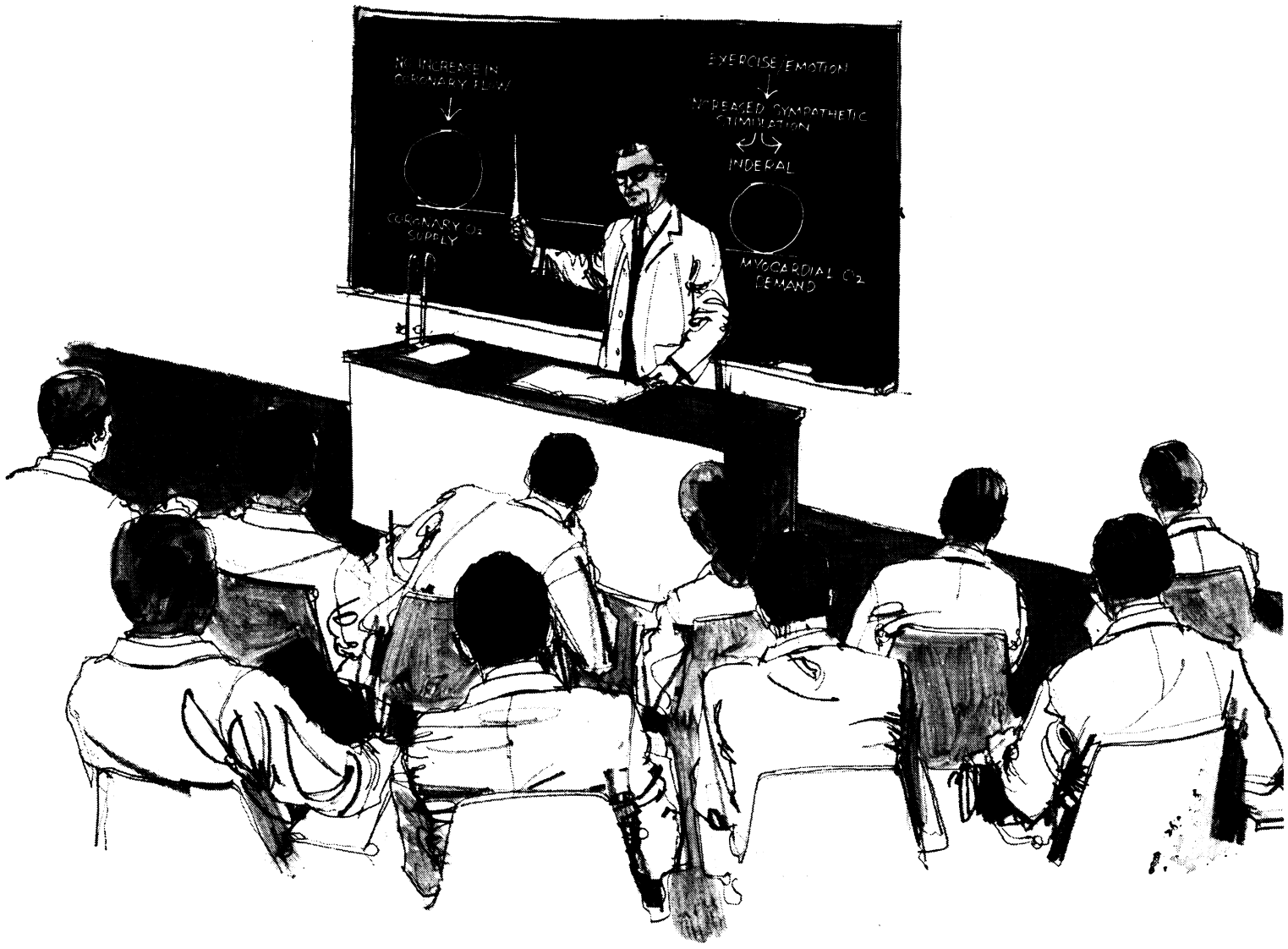
References: 1: Black, J., Calesnick, B., Williams, D., and Weinstein, M.J.: Pharmacology of gentamicin, a new broad-spectrum antibiotic, Antimicrobial Agents and Chemotherapy 1963, pp. 138-147.

Detailed information is available from Schering Corporation Limited, Pointe Claire 730, P.Q., and is also published in the Compendium of Pharmaceuticals and Specialties.



the Schering family of eye products

"...and the newest drug for effective prophylaxis and control of angina pectoris is propranolol hydrochloride – better known by its trade name, **Inderal***"*



Inderal introduces into clinical practice the first beta-adrenergic receptor blocking agent and offers a completely new approach in the treatment of angina pectoris, cardiac arrhythmias, the management of hypertrophic subaortic stenosis, and pheochromocytoma.

Hamer and Sowton, Birkett and Chamberlain, Conn and Bruce, and Mizgala et al have demonstrated that Inderal, given intravenously or orally to patients exercising on a bicycle or treadmill, prevented or delayed anginal attacks. Inderal also increased the patients' capacity to work at

"Then a real therapeutic value can be attributed to ***Inderal?"***

"Most certainly! ***Inderal*** *increases patients' capacity for work or play, reduces requirements for nitroglycerin, and reduces the incidence and severity of anginal pains."*

ı lower heart rate than during control ›xercise periods.

Moreover, numerous controlled double-›lind trials have proved that Inderal, in ıppropriate oral doses, resulted in statis-ically significant benefits compared with ›lacebo medication. Many patients re-›orted decreased anginal attacks, de-:reased nitroglycerin requirements and ncreased physical activity. Patients also ›xhibited a slower pulse rate, generally vithout affecting blood pressure. These :hanges were often reversed when ›atients were transferred to placebo nedication.

The degree of benefit was proportional o the dosages, which ranged from 40 mg 400 mg per day, orally in divided doses. Complications were less frequent than ›xpected and responded to the usual herapeutic measures.

"So, this is the most dramatic advance in the long-term treatment of angina pectoris."

"Yes, I believe it is."

Inderal*

AYERST LABORATORIES

division of Ayerst, McKenna & Harrison Ltd.
Montreal, Canada

INDERAL made available in Canada by arrangement with IMPERIAL CHEMICAL INDUSTRIES LIMITED

Complete prescribing information and references available on request.

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*T.M. Reg'd

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Lasix® relieves hypertension

safely

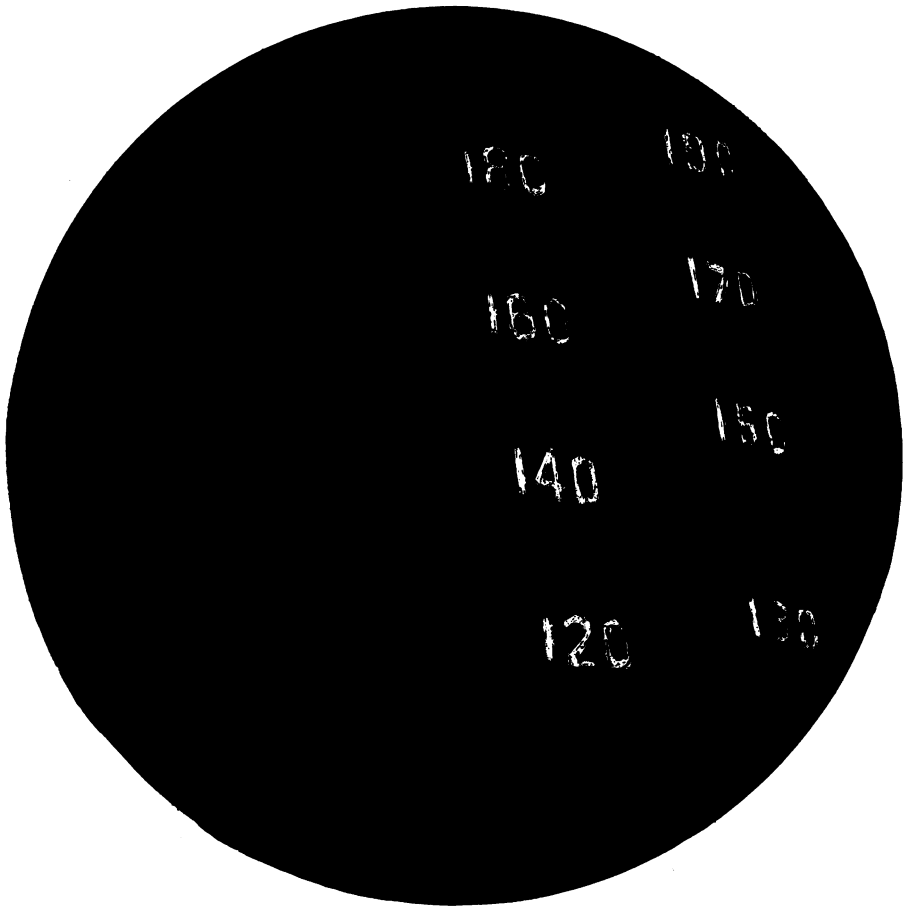
In the treatment of mild to moderate hypertension, safety is of prime consideration. Most hypertensive patients have some degree of impaired renal function.[1] The thiazides further aggravate renal impairment by reducing renal blood flow and glomerular filtration rate.[2] In contrast to the thiazides, Lasix lowers renal vascular resistance, thus improving rather than impairing renal function.[3] And Lasix assures a significantly better electrolyte balance and consistently less potassium loss than the thiazides.[4] Because of these specific advantages, of particular importance in long-term therapy, Lasix is the diuretic of choice in hypertension.

effectively

In the treatment of mild to moderate hypertension, clinical evidence has established that Lasix is clearly as effective as the thiazides. But unlike the thiazides, Lasix is effective even in patients with impaired renal function.[5] In severe hypertension, Lasix is effective when used in combination with other antihypertensive agents. The continuing efficacy and safety of Lasix in lowering blood pressure make it the diuretic of choice for initial and maintenance therapy in hypertension.

predictably

In the treatment of mild to moderate hypertension, Lasix demonstrates a predictable, sustained antihypertensive action. The blood pressure-lowering effect of Lasix lasts up to 24 hours,[6] thus providing smooth, continuous control of hypertension, even in prolonged administration. And predictable response also provides an easy-to-manage, easy-to-follow regimen. Lasix assures reliable, continuing efficacy in the long-term management of hypertension.



(1) Moyer, J. H., Heider, C., Pevey, K. and Ford, R. V.: Am. J. Med., *24*:164, 1958. (2) Kirkendall, W. M. and Wilson, C.B.: Med. Clin. of N. A., *52*: 1157, 1968. (3) Hook, J. B., Blatt, A. H., Brody, M. J. and Williamson, H. E.: Clin. Res., *13*: 424, 1965. (4) Mahabir, M. and Laufer, S. T.: Arch. Intern. Med., *124*: 1, 1969. (5) Joynt, M.S.K. and Morrin, P.A.F.: C.M.A.J., *99*: 1256, 1968. (6) Atkins, L.L.: Geriatrics, *21*: 143, 1966.

Lasix, the antihypertensive to begin with . . . and stay with

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General practitioner to join busy two-man practice in Saskatoon. Please state age and qualifications.
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Associate Wanted
Locum wanted as associate to join solo General Practitioner in New Offices 40 miles away from University Town. Some experience in Anaesth. and Surgery required. 26-bed hospital with plans for expansion in progress. Population service approx. 8,000. Salary $1400 per month with prospect of appreciable increase and opportunity for partnership.
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For Rent
Doctor's Office and Home for Rent. Toronto, at subway station and 3 bus lines. Garage, large quiet garden, close to schools. District with new highrise apartments needs more GPs.
Call 762-0984, evenings

Practice Available
Group Practice 45 miles East of Toronto. Resort area on lake. Office space available at nominal rent, share expenses with 3 other GPs. 48-bed new hospital in town with open privileges. Conditions for sale: applicant should buy owners residence at present market value. Available after July 1st.
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General Practitioner: Irish graduate; married; Canadian experience includes 8 months rotating residency internal medicine; 6 months residency obstetrics & gynecology and paediatrics; 6 months general practice (to date) Toronto, with hospital admitting facilities, wishes to relocate in Vancouver or nearby. Available on October 1, 1970.
Box 600,
Canadian Family Physician

Recent Graduate
We are looking for a recent graduate who is interested in practicing family medicine in this rural but rapidly developing dormitory suburb of Toronto. Our local hospital in Richmond Hill, is family practice oriented, and is in the throes of expansion to 600 beds.
Dr. M. P. Granger,
Maple, Ont.

Practice For Sale
Available this summer. Established family practice located in Hudson, P.Q. on the Ottawa River, 25 miles west of Montreal, 20 minutes from Lakeshore General Hospital. Four bedroom house, attached furnished and equipped office. Doctor leaving for academic appointment.
Contact: Dr. C. A. Johnson,
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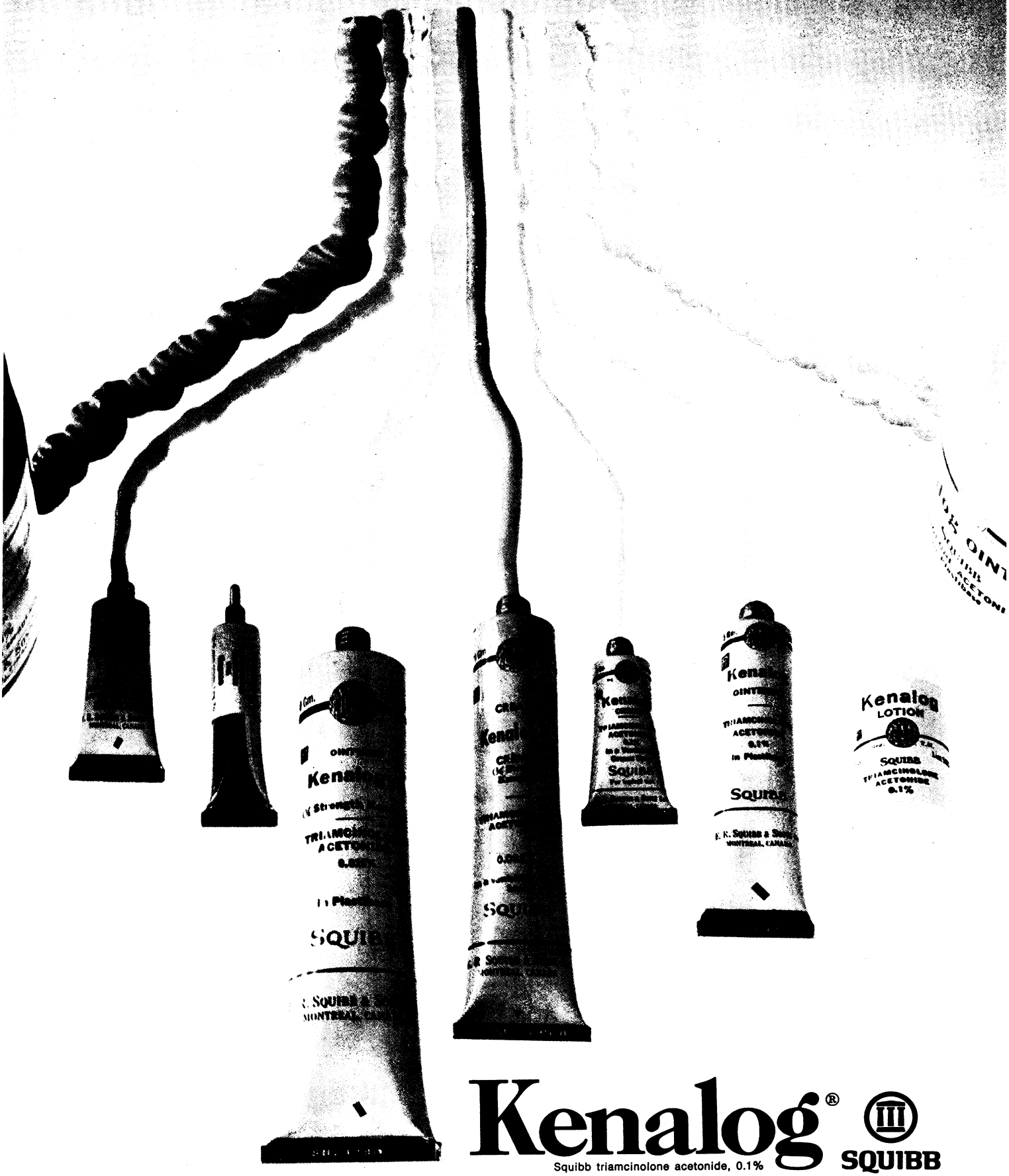
First Line of Attack



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Squibb triamcinolone acetonide, 0.1%

SQUIBB

Squibb Quality—the Priceless Ingredient

Full information is available on request

Most hypertensive patients are 'rautractable'

In the treatment of hypertension, lowering blood pressure is only one of the physician's problems.

In most cases, the emotional fluctuations, often associated with the disease, must also be alleviated for successful long term management.

Along with advice, to help patients adjust to life's pressures and learn to live with their hypertension, judicious use of Rautractyl is therefore regarded as basic first-line therapy.

Rautractyl helps calm anxious and tense patients through the gentle tranquilizing action of its Rauwolfia component. Simultaneously, blood pressure is stabilized by the complementary antihypertensive effects of Rauwolfia and thiazide in combination.

When a comprehensive effect is desired, even in patients with early essential hypertension, Rautractyl may be started with confidence.

Many years of use attest to the effectiveness and tolerability of Rautractyl. This long experience clearly shows that a vast number of hypertensive patients are indeed Rautractable.

Rautractyl®

Squibb bendroflumethiazide, rauwolfia serpentina and potassium chloride

SQUIBB

Squibb Quality – the Priceless Ingredient

Indications: Essential hypertension. *Contraindications:* Hypersensitivity to thiazides, other sulfonamide-derived drugs or *Rauwolfia*, severe renal disease, azotemia, anuria or severe hepatic disease; mental depression, suicidal tendencies, active peptic ulcer and ulcerative colitis. *Warnings:* A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical and should be discontinued if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occur. Use cautiously in pregnant or lactating patients or in women of childbearing age. The drug crosses the placental barrier and may cause blood dyscrasias or other serious reactions. Discontinue the drug two weeks before ECT to avoid severe or fatal reactions. Activation of systemic lupus erythematosus may occur. Accumulation of the drug and azotemia may occur in patients with impaired renal function. Use cautiously in patients with impaired hepatic function. *Precautions:* When adding Rautractyl to ganglionic blocking agents, guanethidine, veratrum, hydralazine or methyldopa, reduce the dosage of these drugs by 50%. Blood pressure reduction must be constantly monitored. Orthostatic hypotension may occur and is aggravated by CNS depressants. Discontinue therapy two weeks prior to elective surgery. Increased responsiveness to pre-anesthetic and anesthetic agents and tubocurarine, and decreased arterial responsiveness to norepinephrine may occur. Use cautiously with digitalis and quinidine. Watch patients for reactivation of peptic ulcer. Electrolyte imbalance may occur especially in patients with cirrhotic edema and ascites, in the debilitated, aged and patients taking steroids, ACTH or digitalis. Serum PBI levels may be decreased. *Adverse reactions:* The following have been reported with thiazide and *Rauwolfia* ingredients: increased glycemia, glycosuria and metabolic acidosis in diabetic patients; increased serum uric acid levels; G.I. disturbances, muscular or abdominal cramps, pruritus, paresthesias, headache, weakness, dizziness, vertigo, restlessness, rash, urticaria, ecchymoses and photosensitivity. Angina-like symptoms, arrhythmias, bradycardia, C.N.S. reactions, nasal congestion, dryness of mouth, impotence or decreased libido, dysuria, weight gain and reversible extrapyramidal symptoms have been reported. Jaundice or other liver disturbances, purpura and other blood dyscrasias, acute pancreatitis, xanthopsia, and necrotizing angiitis have also been reported. *Dosage:* Rautractyl-2: Initially – 2 to 6 tablets daily. Maintenance – 2 to 4 tablets daily. Rautractyl-4: Initially – 1 to 4 tablets daily. Maintenance – 1 to 2 tablets daily. *Complete prescribing information available on request.*

The College of Family Physicians of Canada

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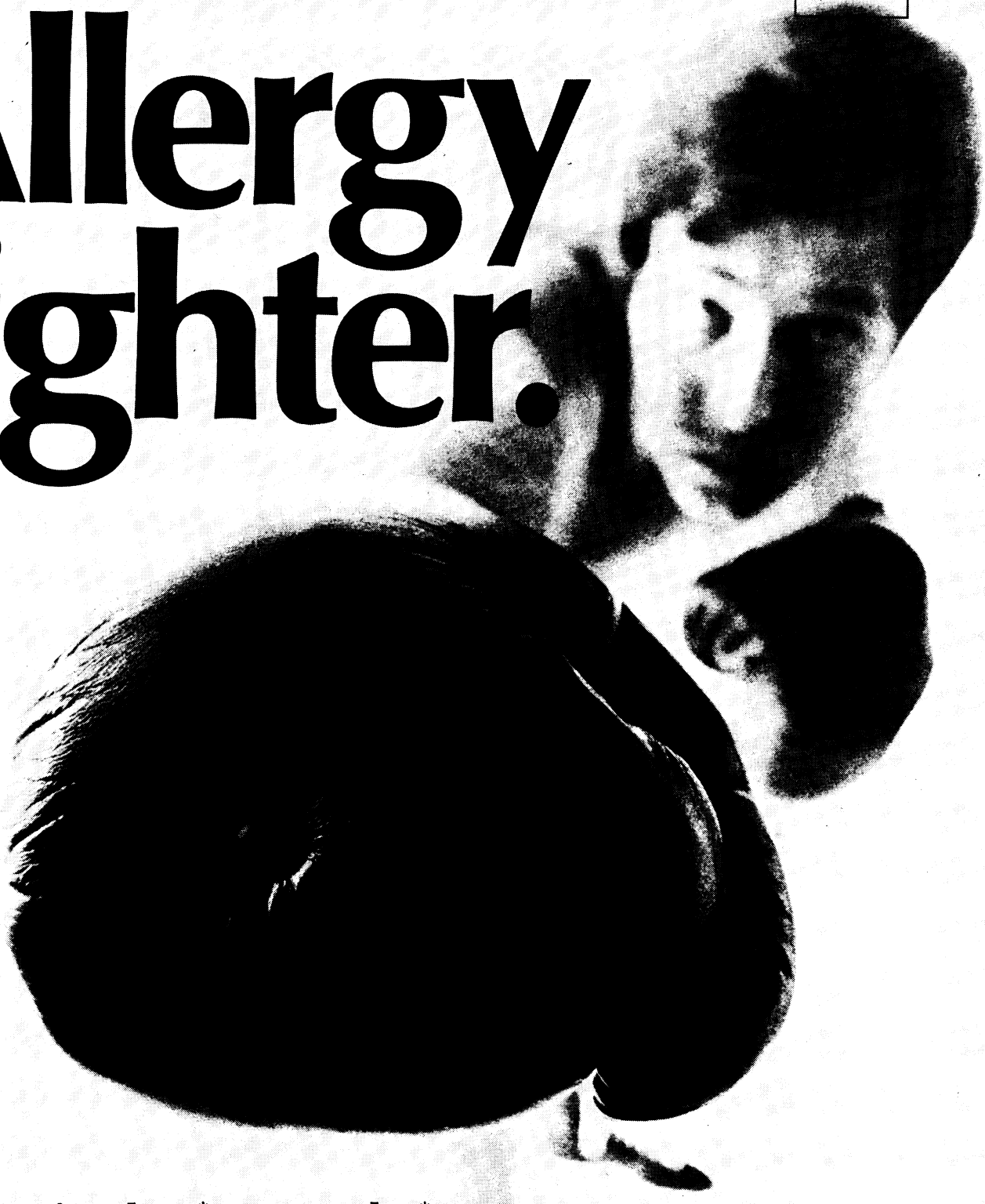
Schering

Allergy fighter.



Chlor-Tripolon* Repetabs* 12 mg., knocks out allergy symptoms... not your patients.

Chlor-Tripolon Repetabs 12 mg., is a highly effective antihistamine indicated for all allergic conditions responsive to antihistamines. Its major therapeutic advantages include a high order of safety and lower dosage. Action is usually rapid, providing 8 to 12 hours prolonged, sustained relief with a single medication (B.I.D. dosage). Side effects, such as drowsiness, nausea and dizziness occur much less frequently with Chlor-Tripolon than with similar preparations.

Chlor-Tripolon (Chlorpheniramine Maleate U.S.P.) is also available in Repetabs 8 mg., tablets 4 mg., syrup and injectable forms. *Reg. T.M.

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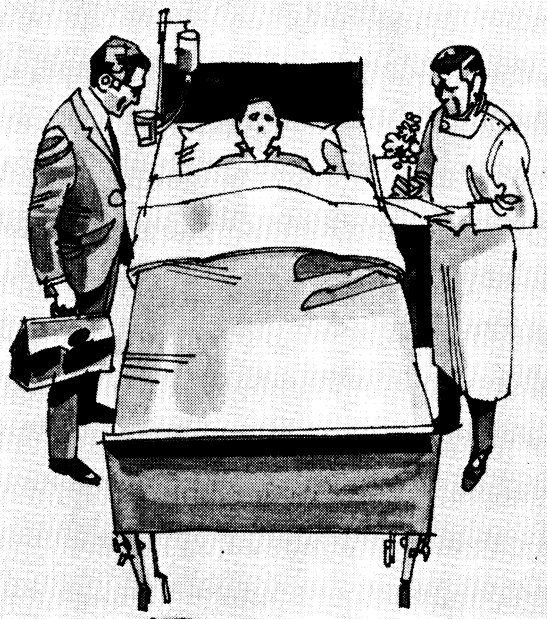

Dans les cas d'infections inquiétantes, utilisez Céphaloridine BDH.

Céphaloridine est le nouvel antibiotique semi-synthétique dont aucun hôpital ne saurait se passer. Il pourrait bien sauver la vie de votre patient. Voici pourquoi.

Céphaloridine vous arme contre une grande variété d'infections. Tout spécialement lorsque les patients sont allergiques à la pénicilline.

L'utilisation de Céphaloridine dans les hôpitaux offre de nombreux avantages. Il tue rapidement une grande variété d'organismes Gram positifs et Gram négatifs; c'est un bactéricide puissant contre les staphylocoques résistants à la pénicilline; il n'y a pas de réactions allergènes croisées avec d'autres antibiotiques; l'agglutination des protéines ne se manifeste pas de façon significative; il peut être administré aux jeunes patients comme aux vieux; la douleur et l'irritation causées par son injection sont très minimes.

La Céphaloridine BDH devrait faire partie de toutes les pharmacies d'hôpitaux. Veuillez à ce que votre hôpital en fasse ample provision. Il pourrait sauver une vie.

BDH

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MEMBRE ACFP

UNIVERSITE DE MONTREAL

"Applications pratiques des découvertes récentes", cours qui aura lieu à l'Institut de Recherches Cliniques de Montréal les 21 et 22 mai prochain.

JEUDI 21 MAI

8:00 Enregistrement
8:50 Message d'ouverture — de Guise Vaillancourt.
Organisation et concept du cours — Jacques Genest.
Président: de Guise Vaillancourt
9:00 Applications pratiques des découvertes récentes en hypertension, néphrologie et endocrinologie — Jacques Genest, Otto Kuchel.
10:30 Pause-café — André Lanthier, Michel Chrétien.
10:45
12:30 Déjeuner: Caféteria de l'Institut (2e étage)
Président: Pierre Montpetit
14:00 Applications pratiques des découvertes récentes en neurologie, chirurgie, microbiologie, immunologie et nutrition — André Barbeau, Pierre Lavoie.
15:30 Pause-café — Fernand Turgeon, Antoine Gattereau.
15:45

VENDREDI 22 MAI

Président: Guy Landriault
9:00 Applications pratiques des découvertes récentes en gastro-entérologie, hépatologie, cardiologie et artériosclérose — François Martin, André Viallet.
10:30 Pause-café — Yves Morin, Jean Davignon.
10:45
12:30 Déjeuner: Caféteria de l'Institut (2e étage)
Président: Gilles Leduc
14:00 Applications pratiques des découvertes récentes en pneumologie, immuno-hématologie et allergie — David Bates, Harry Pretty.
15:00 Pause-café — Pierre Delorme

Le cours de PERFECTIONNEMENT en RHUMATOLOGIE prévu pour les 13 et 14 avril à l'Hôpital Notre-Dame est remis à l'automne prochain.

APPLICATIONS PRATIQUES DE DECOUVERTES RECENTES
INSTITUT DE RECHERCHES CLINIQUES DE MONTREAL
21/22 MAI

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Why save best for last when you can count on Selsun effectiveness? As for safety, Selsun has shown itself impressively free of serious side effects.

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TRD T M

Selsun*

(Selenium sulf de detergent [illegible] U.S.P.)

Indications: For treatment of common dandruff and mild to moderately severe seborrheic dermatitis of the scalp.
Precautions and side effects: Keep out of the eyes; burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur.

Abbott Laboratories, Limited, Montréal, Québec

Ritalin®

Ritalin gently overcomes mild depression and the fatigue so often associated with it. This is one agent that really brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients often report that fatigue and worry seem to vanish; they are able to go all day without becoming tired.

Acts in minutes Unlike other antidepressants, Ritalin usually brings relief with the very first dose. Your patients need not wait days or even weeks to begin feeling better. Ritalin also . . .

Offers outstanding safety Unlike amphetamines, Ritalin rarely affects blood pressure or heart rate. It has not been associated with muscle tremors or urinary retention as have the potent MAO inhibitors or tricyclic compounds. And toxic or adverse effects on blood, urine, liver or kidney function are not to be anticipated. For these reasons, Ritalin . . .

Proves especially valuable for the elderly This time-tested agent is well tolerated, even by older patients. It rarely affects appetite or causes rebound depression.

Dosage *Oral:* Initially, two 10-mg. tablets in the morning, one at noon, and one more, if necessary, at 5:00 p.m. For maintenance, revise as needed.

Side-effects Nervousness or insomnia, if present, can be avoided by dosage-reduction or by omitting Ritalin in the afternoon. Reports note a few cases of anorexia, dizziness, headache, palpitations, drowsiness, skin rash, overt psychotic behavior and psychic dependency.

Cautions Not recommended for severe depressions, except in hospital under close supervision. Patients with agitation may react adversely. Use cautiously in the presence of marked anxiety or tension. Ritalin may potentiate the effect of pressor agents; exercise care in use with epinephrine, levarterenol, or angiotension amide. While oral Ritalin has little or no effect on normal blood pressure, use cautiously in patients who have hypertension.

Contraindications Glaucoma, epilepsy.

Supplied
All forms contain methylphenidate hydrochloride.
Tablets of 10 mg. (pale blue, scored); bottles of 100 and 500.
Tablets of 20 mg. (peach, scored); bottles of 100 and 500.
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Helps relieve chronic fatigue and apathy quickly

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